

A black and white photograph showing a group of nurses in white uniforms and caps. They are gathered around a large, curved table, possibly in a ship's infirmary. Some nurses are looking down at papers or equipment on the table, while others are looking towards the camera. The scene is dimly lit, with strong highlights on the nurses' uniforms and the table's surface.

**R.N.**

***A Journal for Nurses***

**DECEMBER 1945**



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***All the therapeutic value of tar in an odorless, greaseless,  
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# RN

## — a Journal for Nurses

**December 1945**

VOLUME 9, NUMBER 3

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*Cover photo by Fritz Henle*

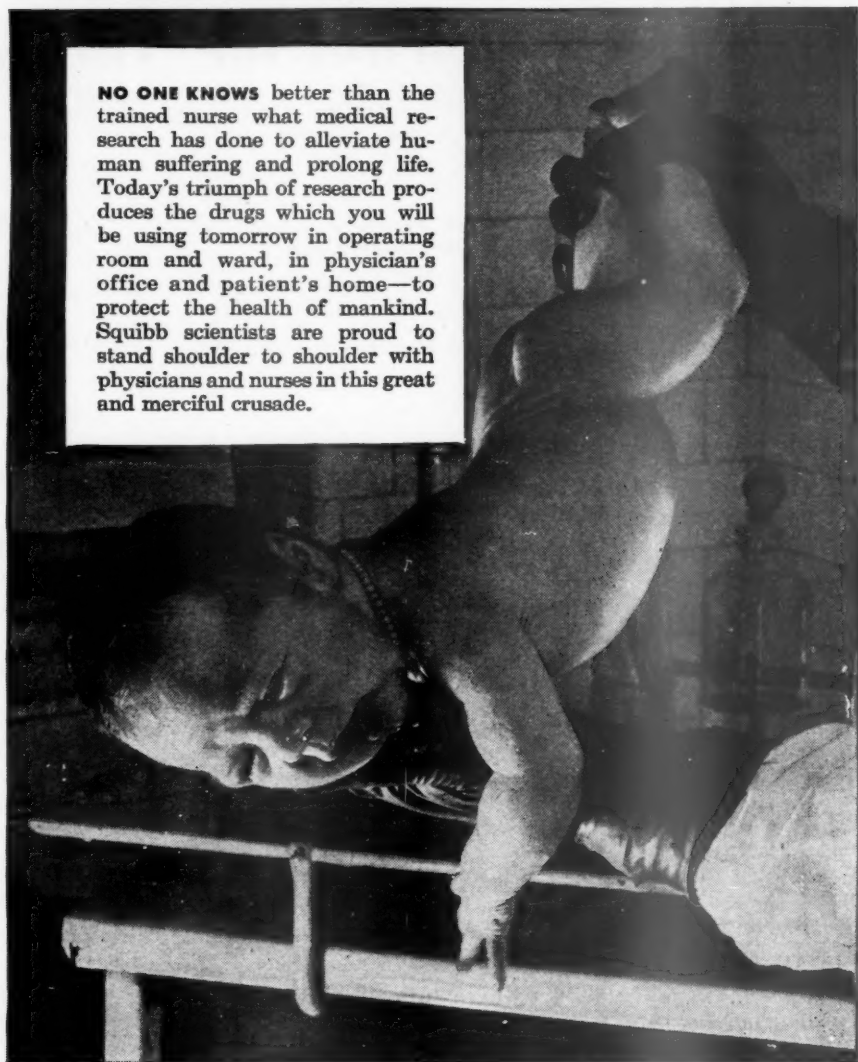
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Circulation over 100,000 registered nurses monthly

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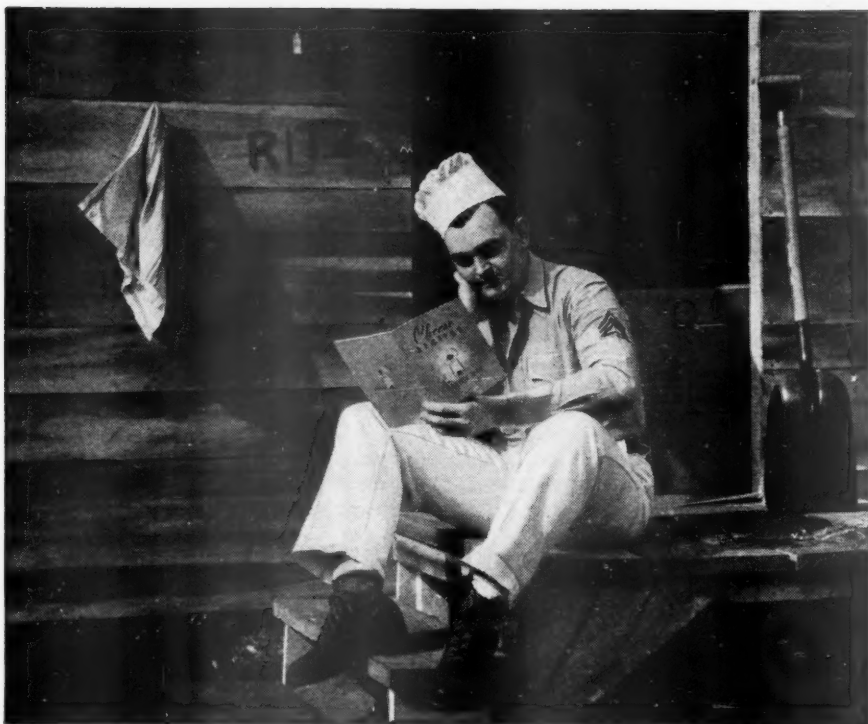
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# SQUIBB

MANUFACTURING CHEMISTS TO THE  
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## It all comes under the head of research!

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Calories.....	202
Protein.....	7.1 Gm.
Fat.....	5.0 Gm.
Carbohydrate.....	33 Gm.
Calcium.....	156 mg.
Phosphorus.....	206 mg.
Iron.....	1.6 mg.
Thiamine.....	0.17 mg.
Riboflavin.....	0.24 mg.
Niacin.....	1.4 mg.



*The presence of this seal indicates that all nutritional statements in this advertisement have been found acceptable by the Council on Foods and Nutrition of the American Medical Association.*

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**135 SOUTH LA SALLE STREET • CHICAGO 3**

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due to simple headache or minor neuralgia



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# Debits & Credits

## SALUTE TO HOMEFRONT

Dear Editor:

Now that the war is over, I'm sure your little magazine will play an integral part in the postwar plans of many nurses who are being demobilized. We are going to need assistance in keeping our profession high in the woman's world in the next few years, and I imagine future issues will contain much of vital interest to all of those who are fortunate enough to be on your mailing list.

Those of us in service in the Army and Navy have tried to do our part, but I think all of us should render our very finest salute to those nurses who couldn't join our ranks in military nursing but who stayed behind and put in long, hard hours of devoted service to our civilian ill and afflicted. These nurses who remained at home are to be highly commended for their service of double duty under the stress of wartime conditions and I am sure all Army and Navy nurses will echo my sentiments.

LT. (j.g.) RUTH E. GINTERT, N.N.C.  
United States Naval Hospital  
Great Lakes, Illinois

## COME, BLOW YOUR HORN

Dear Editor:

It seems to me that improper recognition is given by the Government and other agencies to the nursing corps. As a nurse teacher in the educational field, I have frequently written to editors of daily papers protesting the utter disregard of things pertaining to nurses, with the effect that the public is left with the impression that nurses are unpatriotic.

What the nursing profession needs is leadership in placing their profession on a strictly business and professional basis. The nursing associations, the American Red Cross, have not given that leadership. The fact is that nurses have been overshadowed by Red Cross workers, whose

photographs we see in the newspapers, capping many of the 500,000 persons in the home nursing classes. Why shouldn't nurses do the capping and get the credit?

As a civilian organization, I find no fault with the A.R.C., but they have entirely outgrown the services they can give to the nurses. Let's have the service given to the nursing corps and be put in the spotlight.

Why not a Director of Propaganda? I am sure the immense sums of money paid out to all nursing organizations could swing such a project, providing that the director is vitally interested in the nurse and her future well being.

BLODWYN L. ROBERTS, R.N.  
Pleasantville, N.Y.

## PRO-PLACEMENT

Dear Editor:

... Thank you for your article, "A.N.A.'s Planned Placement" in the October issue of *R.N.*, which has just come to hand.

I am one of the men members of the A.N.A. and I am whole-heartedly for the A.N.A.'s plan, the result of study over a period of almost ten years, because it will keep professional counseling and placement in the hands of the profession. . .

I should like to call attention to a few points which I believe were not made clear in your article.

(1) You mention the possibility of a "million dollars income" and stress this with the sketch of a group of money bags. You also bring out the fact that the \$20 a head granted by the Veterans' Administration may be increased if found inadequate. However, you do not mention that the contract with the Government, like other Government contracts, is subject to renegotiation and, if you think there is any possibility of excess profits in it under that clause, I can only suggest that you consult some of the war contractors whose contracts have been renegotiated.

**THE IDEAL SOAP  
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AND  
CHILDREN**



**CONTI CASTILE SOAP, U.S.P.**



For infants, children, and skin conditions wherever water itself can be used

**P.S. NURSE:** A soap so highly recommended for children's skin, is perfect for yours, too!



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QUALITY FOR  
OVER A CENTURY**

**CONTI PRODUCTS CORP.**  
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(2) You say that "all nurse registries which now charge fees are subject to the local and State license laws". This is certainly not true in New York State. Alumnae registries which place only their own graduates and members are not subject to any control whatsoever.

(3) The bogey of "monopoly" leaves me cold when I recall how it was raised to try to prevent the licensing of the two professional registries in New York City. Any fair-minded inquirer will realize that in the past nineteen years since that cry was first raised, it has proved little threat to the commercial agencies, or the alumnae agencies. If any further proof is needed, one has only to turn to the five classified telephone books in New York city and count the agencies listed there.

(4) You say "Private duty nurses will rise to protest against centralized control" yet, admittedly, placement is to be made on the "local level," and through the district organizations. Every nurse who is a member of the A.N. A. through her local district association will have a vote on the policies of that group and I cannot believe she will vote against her own best interests. It seems to me that we should stress the point that this is *our* program and that it will be exactly as good or as bad as we decide by our votes or by our *lack of participation* in those district meetings.

R.N., Woodside, N.Y.

[R.N. withholds this reader's name and the first paragraph of his letter at his request, regretting that anonymity must of necessity detract from the weight of the opinions expressed.—THE EDITORS.]

Dear Editor:

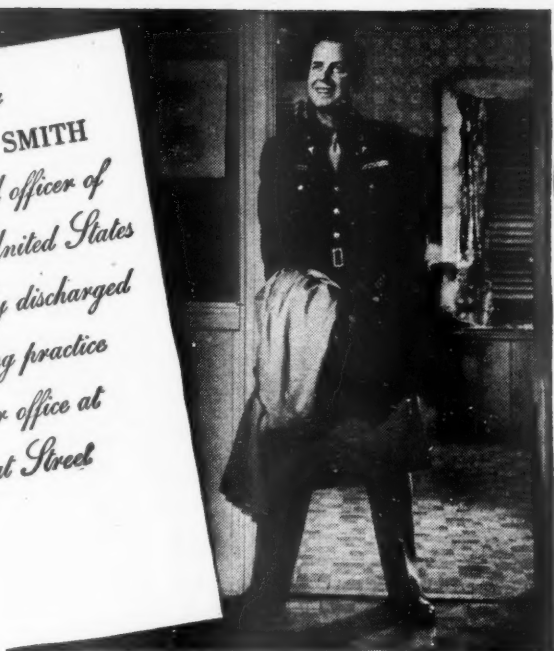
I have just returned from the Pennsylvania State Nurses' Association Convention, held in Pittsburgh, where there was considerable discussion of placement, counseling and assessments. I am pleased to say the House of Delegates passed the bill for counseling and placement services and an assessment of fifty cents.

Personally, I think it is wonderful. We have been talking about such a thing for



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 the Army of the United States  
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The medical men in the war will be the subject of novels, plays, and movies for years to come. But words, pictures... statistics, revealing as they are... won't begin to tell the whole story of the magnificent work you did. Nor will words be adequate to express fully the appreciation and thanks of your fellow men.

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... until you first  
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*Try this scientific test. Apply TRUSHAY to one hand; nothing to the other. Then go about your soap and water tasks—and observe the difference. The unprotected hand may become rough and unsightly. But, in most cases, the Trushay-guarded hand will remain as soft and lovely as ever!*

*Just a few drops are enough for both hands. Try a bottle of TRUSHAY today... and suggest it to your convalescent patients. Used daily, TRUSHAY keeps patients interested in their appearance... helps boost their morale.*

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many years and now it has become a reality and not a dream. To me, it seems a way of protecting all who nurse for hire, and it will assure hospitals better personnel and better qualified students.

It can be a means of standardizing the salaries of all nurses and an aid in the working out of good retirement plans and homes for aged nurses, as well as hospitalization plans to care for ill nurses and plans for the employment of graduate private duty nurses for a limited time in hospitals and in public health.

I hope that all alumnae in good standing within each district will participate in the management of its local placement and guidance service. This would help to do away with talk of unionizing nurses and would discourage bureaucracy in hospitals. All nurses would have a fair chance for employment and there will be less favoritism.

All in all, placement and guidance through State A.N.A. organizations has great possibilities. Here's to its speedy success!

MINNIE H. GOLDSMITH, R.N.  
Bryn Mawr, Pa.

## "WITH EYES WIDE OPEN"

Dear Editor:

In answer to Lorraine Burby's letter in *R.N.'s* October issue, I say, don't enter the nursing field.

After ten years of nursing, this has been my advice to any young girl who has consulted me about entering training. I have always told them to go out into other fields after they leave high school and acquire some perspective. If, after experimenting in several other occupations for several years, they still want to be nurses, I tell them to go at it with all their hearts. By that time, they should have learned enough to be able to hold their own with the hospital administrators, the doctors and an unimaginative public. By that time, too, they should be able to recognize the fact that phrases such as "professional prestige," "suffering humanity," "personal satisfaction," and "a grateful public," are not only without meaning, but they do **not**



## White Christmas

THE WARD is quiet now — voices hushed.

Men in white beds stare at the ceiling.

Two rows of them, twelve in each row,  
listening.

The radio is playing Silent Night ...  
there's a lump in every throat.

Tomorrow will be their White Christmas,  
still away from home.

There'll be no bright packages under a  
Christmas tree ... no candles lighting  
up the windows ... no kid brother  
so excited he can't sleep.

No pretty girl beneath the mistletoe ...  
no gray-haired man carving a turkey ...  
no mother opening a package tied with  
a big red bow.

No ...

The only things that can take the lonely

look from their eyes and put the light of  
Christmas there, will be these things  
from home:

Letters ...

White packages with red ribbons ...

Things that say, "Darling ... I'm waiting!"

Things that bring new hope and love from  
home ... to be treasured long after this  
White Christmas has gone.

**BUY A GRUEN WATCH ... BUT BUY A VICTORY BOND FIRST**



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"Precision," "The Pre-  
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# PERTUSSIN

## a valuable Therapy for distressing COUGHS in

- Acute and Chronic Bronchitis
- Paroxysms of Bronchial Asthma
- Dry Catarrhal Coughs
- Whooping Cough
- Smoker's Cough

### What Pertussin is

*An extract of thyme (Process Taeschner) is the single therapeutic element in Pertussin. It is quickly absorbed and carried to the secretomotor center. Pertussin is highly beneficial in easing cough paroxysms not due to organic disease.*

### What Pertussin does

**1.** Pertussin stimulates secretion of the tracheobronchial glands to relieve dryness. **2.** It facilitates removal of mucus accumulation. **3.** It improves ciliary action. **4.** It exerts a sedative effect on irritated mucous membrane.

*Pertussin is entirely free from undesirable side action. It is pleasant in taste, and well tolerated.*

# PERTUSSIN

For Children, Adults and the Aged

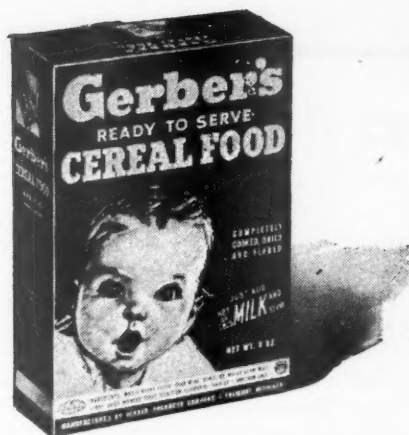
SEEK & KADE, INC.  
NEW YORK 13, N. Y.

compensate for any lack in the pay envelope. No butcher yet has accepted any one of them in payment for a pound of hamburger!

If you must go into nurse's training, do so cold-bloodedly and with your eyes wide open. Do not be led astray by beautiful words or phrases or by the glamour of a uniform. Inquire of a nurse who has her feet firmly on this unsentimental earth about the everyday things expected of a nurse; the kind and number of tasks she will be asked to perform; the amount and kind of hours she will be expected to work; the hospital's policy toward its nursing staff; the doctors' attitude; the limitations imposed upon her private life and, finally, what she can expect to receive in payment for all this.

Then ask yourself the following list of questions and answer honestly: 1) How much will nursing help me to be the kind of woman I eventually want to be? 2) How much will it contribute to the kind of life and atmosphere that I wish to build around me? 3) Can I expect that in twenty years I will have a happier life and be able to look forward to a comfortable old age because I entered the nursing profession? 4) Would the attributes demanded of a nurse gain for me more if applied to another career? Remember that the same mental and physical attributes asked of a member of this difficult profession are the same as those required of successful chemists, engineers, biologists, technicians of all kinds, teachers, private secretaries and members of other lines of work more pleasant and lucrative than nursing; 5) Will there be satisfaction enough in this career to compensate me for a lack of a husband, home and children? Statistics show that less than fifty per cent of the nursing profession marry.

If, calmly and without sentimentality, you have arrived at the conclusion that you still want to be a nurse, I would say you are the type of person for which the field has a crying need. Enter it aggressively, then, and with a determination to demand the respect and compensation due to a person of your calibre and intelli-



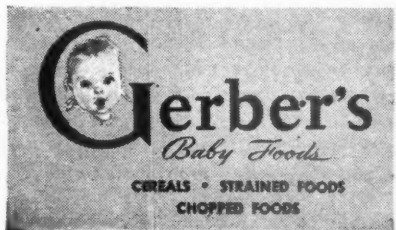
## A GOOD BABY CEREAL\* PRICED WITHIN THE REACH OF EVERY MOTHER

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The table below shows that iron and vitamin B<sub>1</sub> (from natural sources) have been added in substantial amounts to Gerber's Cereal Food to offset recognized deficiencies in the infant diet. Gerber's Cereal Food mixes to a smooth, uniform texture, is pleasant tasting and has low crude fibre content. It is pre-cooked, ready-to-serve with the addition of milk, or formula.

\* IRON AND THIAMINE VALUES  
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	Thiamine mg.	Iron mg.
National Research Council recommended allowance for infants .....	0.40	6.0
One ounce Gerber's Cereal Food .....	0.42	12.8
(Gerber's Cereal Food: 107 Calories per ounce.)		



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## WHEN MOTHERS ASK..

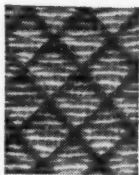
about diapers, recommend CHIX Down-Weve. You know the absorbent qualities of bird's-eye weave. When Chicopee combined soft gauze and the bird's-eye pattern, the result was the ideal diaper. Soft and absorbent, it localizes "wet"—keeps it from spreading to other clothes. CHIX Down-Weve diapers are sanitary because they wash easily (foreign matter rinses out quickly) and they dry in a jiffy. One size folds to fit growing baby.



# Chix

## DOWN-WEVE GAUZE DIAPERS

A Chicopee Product



gence. Prepare to give fully of your excellent qualities, but ask a fair measure of repayment in the things you want from life. People are contemptuous of a "Milquetoast" attitude and of "something for nothing."

If you follow this policy, you should last in training about three months under the present conditions in training schools, which are more concerned with discipline than in graduating intelligent nurses. But until the field is filled with courageous, intelligent, and mentally mature women who know what they want out of life, the nurse will compete unsuccessfully with unskilled usurpers. One of the most unfortunate aspects of the situation is that a young nurse's greatest enemies are the hidebound members of her own profession.

Does this letter help to answer some of your questions, Lorraine Burby?

R.N., Dayton, Ohio

### LOOKING FORWARD

Dear Editor:

The article by Bion H. Francis, "How Will You Retire?" in the August issue of *R.N.* is a very interesting one.

I am the Superintendent of a small county hospital which is, of course, not covered by Social Security, but I am wondering if there is any Federal legislation contemplated for the future which would bring hospitals, both voluntary and governmental, under the provisions of the Social Security Act.

I would like to see the employees of this hospital protected and believe that I could interest my board members if there is any legal way in which coverage might be obtained. I would appreciate any information you could give me on the matter.

R.N., Linton, Indiana

[*R.N.* finds that, at present, the provisions of the Social Security Act do not apply to employees of hospitals unless these are run for private profit. There has been much talk in recent years of extending the provision of the Act to cover these and other excluded groups of employees,





## ESPECIALLY ADVANTAGEOUS *for the Aged*

In caring for the aged, many special problems arise which are not encountered in the routine nursing of younger patients. Among these is the ever present question of diet and tolerability of many foods. Eating habits acquired through the years, and failing digestive systems, make it necessary to exclude many staple and nutritionally valuable foods. A rational substitute, one which is accepted and well tolerated by elderly persons, and which supplies a wealth of essential nutrients, is found in Ovaltine.

Ovaltine, a delicious food drink,

made with milk as directed, proves especially advantageous for the aged. It supplies virtually every essential nutrient in readily metabolized form: biologically adequate protein, readily utilized carbohydrate, well-emulsified fat, all the essential vitamins except vitamin C, and the important minerals. How readily three glassfuls of Ovaltine daily can bring the intake of essential food factors to optimal levels, is indicated by the analysis here shown.

Ovaltine is digested with remarkable ease. Its appealing taste is relished by the aged as well as by younger persons.

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Three daily servings of Ovaltine, each made of ½ oz. Ovaltine and 8 oz. of whole milk,\* provide:

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CARBOHYDRATE . . . . .	62.43 Gm.	VITAMIN D . . . . .	480 I.U.
FAT . . . . .	29.34 Gm.	THIAMINE . . . . .	1.296 mg.
CALCIUM . . . . .	1.104 Gm.	RIBOFLAVIN . . . . .	1.278 mg.
PHOSPHORUS . . . . .	.903 Gm.	NIACIN . . . . .	7.0 mg.
IRON . . . . .	11.94 mg.	COPPER . . . . .	.5 mg.

\*Based on average reported values for milk.



From dawn to dark, hospital routine demands the most from a nurse's busy hands. Capable fingers that are in and out of water all day long, need not become rough and dry. Use Sofskin Creme to keep hands soft and lovely. You'll appreciate the smoothing, soothing qualities of this fine, pure cream. Wonderful for wrists, elbows and ankles too! Try a jar today. Make Sofskin a beauty habit.



IN THE BLACK & GOLD JARS  
35¢ 60¢ \$1.00 Sizes\*

\*Plus Tax

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and there is a good chance that some day the Act will be liberalized in this respect. It is difficult to say when this will happen, however.

In the meanwhile, unfortunately, there is no way in which excluded employees may be brought under the protection of the Act by voluntary action. If you wish a pension plan for your hospital, it may be possible to work out such a plan, either in cooperation with some life insurance or trust company or with the trust department of a local bank. You might request details from such a trust department or from a local insurance agent.—THE EDITORS.]

#### BRIDGING THE GAP

Dear Editor:

I have thoroughly enjoyed *R.N.* for years, but particularly so during these last five years, which I spent in the Army.

Even though I received each issue two or three months late, it still kept me informed of the undertakings, improvements and advancement in civilian nursing.

Were it not for your helpful guidebook, I undoubtedly would have had to start afresh to adjust myself to civilian nursing again.

M. LORENCE, R.N.  
Meadville, Pa.

#### VETS FOR VETS

Dear Editor:

The Army and Navy nurse has been told that she has done a superb job, one that took courage, initiative and a dynamic drive. Thousands of these nurses are now being separated from the Services and acquiring civilian status again. After a short rest, each nurse will be ready to look for employment.

Some nurses may have a prewar position to which they can return. The average nurse, however, will need counseling, testing, and continued conferences before she can be placed or directed into proper channels for continued study. She will probably turn for this guidance to one of the new State A.N.A.-sponsored place-



THAT CLEAN SMELL SAYS:  
**THIS IS "LYSOL"!**



**Y**ES, "Lysol" is again available in reasonable amounts. And that's good news to particular nurses.

During the war, such vast quantities were needed for military use that supplies for domestic hospitals had to be rationed.

But now more "Lysol" is available. Being a dependable, economical product, "Lysol" is a MUST

where a *reliable* disinfectant is essential. *Clean-smelling*, pleasant-to-use "Lysol" brand disinfectant is preferred by more hospitals than all other disinfectants combined.

So requisition "Lysol" for *your* work, and insist on getting the genuine "Lysol" brand disinfectant —not substitutes that may cost more but perform far less satisfactorily.

**LEHN & FINK PRODUCTS CORP.**  
683 Fifth Avenue  
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★ BUY VICTORY BONDS ★



**"Lysol"**  
Brand Disinfectant  
REG. U.S. PAT. OFF.

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M. BURNEICE LARSON, *Director*

Holiday greetings to you all! And how are you making out in The Peace?

Some of you write that the RN you were relieving is on her way back to the ward and that you are kitchen-bound yourself. The way you write it, it sounds like a few bars from the Hallelujah Chorus, and we're glad for you.

But there are others who find that they want to continue in nursing now that they have transferred their home-making duties to other shoulders. And there are recent graduates who have been helping out but who are ready for appointments which are strictly their own.

We are eager to tell you about the nursing opportunities available in all parts of the country . . . plus a few outside of the United States. Through our service you'll be able to secure almost any type of nursing appointment for which you are qualified. Will you write for one of our analysis sheets today? All correspondence is confidential?

## M. BURNEICE LARSON

*Director, THE MEDICAL BUREAU*

*Palmolive Building*

*Chicago 11*

ment services. She expects that she will be able to discuss her problems and military experience with a veteran nurse who has been conditioned by similar previous military experience. To her disappointment, she will find a nurse counselor who doesn't speak her language at all, and she may immediately become frustrated in her first contact with the placement service.

These State placement services were well intentioned and really planned for the purpose of doing beneficial work for the veteran nurse, but somewhere along the line, the fact has been lost sight of that the veteran nurse would like to consult with the veteran nurse. Surely there are a large number of well qualified Army and Navy nurses being separated from Service at this time who could, with no more training than these present civilian counselors are receiving, successfully step into the positions of counselors.

If, as I assume, this type of placement service will be nationwide, it would mean that forty-eight veteran nurses would be needed in the guidance program. The Veterans' Administration has been extremely generous in its grant to the A.N.A. registries of \$20 a head plus expenses for each veteran counseled. What a pity that they do not see fit to capitalize on the rapport which could be established by employing veteran nurses to help veteran nurses.

Therefore, I suggest that the following plan be followed: 1) that the Veterans' Administration maintain a nurse counseling and placement service for veteran nurses or that a well trained veteran nurse be assigned to counsel and aid in the placement of the veteran nurse; 2) that A.N.A. Counseling and Placement Service, Inc., limit its activities to counseling and placing the civilian nurse only.

CAPTAIN, A.N.C.

Second Service Command

## **Pictures in this issue**

Pp. 40, 41, United Air Lines.

Pp. 60, 61, U.S. Army Signal Corps.

# 37% Stronger for Coughs

Exempt Narcotic

Each fluid ounce contains (1) one grain Codeine Alkaloid



**M**ADE with the Codeine *Alkaloid* one grain to the ounce. It is readily verified that 1 grain of Codeine *Alkaloid* is equal in strength to 1.37 grains of the commonly used Codeine Phosphate.

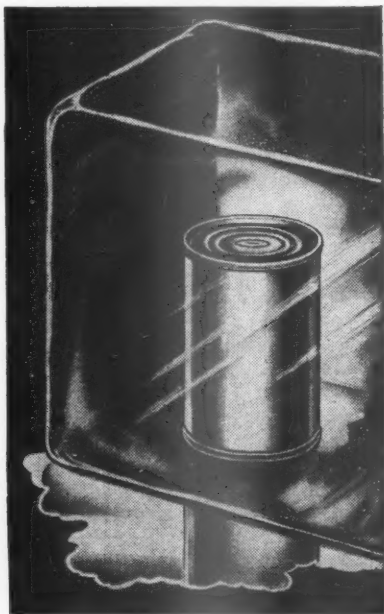
A palatable, cherry-colored syrup, well tolerated by children. Contains with the codeine; ammonium chloride, ipecac, glycerine, sugar, water, flavoring and senna. An exempt narcotic. Costs little or no more than ordinary codeine syrups. Druggists stock for prescription use. *Prescribed since 1898.*

## "Trial is Proof"

**WANTED**—Tablet Salesmen to Doctors. Gentlemen over 50 wishing to add to income. Drug experience not necessary. Exclusive territory near home. Commissions paid weekly. Line of 20 preparations known to many doctors. Write Hollings-Smith Co., Orangeburg, N.Y.



**IN THE DAYS WHEN** barbers acted as surgeons also, they suspended a stuffed animal over the patient who was being operated on. Its purpose was to keep away evil spirits. The animal was usually a stuffed alligator.



**TODAY, a not-so-dead fallacy is this:** Freezing makes canned foods unwholesome. Not true, as you know. The form and appearance of some foods are changed by freezing but they remain as nutritious as ever.



**AMERICAN CAN COMPANY**  
 230 PARK AVENUE • NEW YORK 17, NEW YORK  
 WORLD'S LARGEST MANUFACTURERS OF FIBRE AND METAL CONTAINERS



## Science Shorts

A NEW COMPOUND of urea and iodine known as UFI has been announced from England. The anti-bacterial action of urea is enhanced with no apparent increase in toxicity. An ointment containing 25 per cent UFI has been used with satisfaction as an initial dressing for burns. Good results were also obtained with a local application of UFI as powder in the treatment of 108 cases of septic war wounds. It is painless on application, showed good results in cleansing sepsis and removing odor. No toxic effects were observed.

\*

### ALLERGY

THE PREVENTIVE MEDICINE Service in the Surgeon General's Office has announced that one hundred and fifty soldiers at Ft. Lewis, Washington have volunteered for skin irritation tests. Fifty will be equipped with untreated woolen uniforms and will act as the control group. Another fifty will wear woolen clothing impregnated with insecticide, employing Tween-80 as an emulsifier. The remaining fifty will have uniforms impregnated with tetrachlorethane as a solvent.

... Dr. H. J. Rinkel reports studies indicating that allergies to tobacco smoke may be a distinct entity exclusive of allergy to tobacco.

\*

*Salvage material from old aircraft is being used to produce artificial limbs for the wounded in Kenya, East Africa.*

\*

DR. L. WESTON OAKS of Utah has reported successful use of 2 per cent aqueous solution of mercurochrome in daily application to patients suffering

with persistent conjunctivitis. He uses a cotton brush to apply the liquid to the eyeball. This eliminates the difficulty of inverting the upper eyelids and does away with the danger of contaminating a medicine dropper which goes back into the bottle.

\*

### SULFAS

SUCCESSFUL APPLICATION of sulfathiazole in an alcoholic plastic vehicle in treating impetiginous lesions in fifty-four children, has been reported in the *Journal of the American Medical Association*.

... The Council on Pharmacy and Chemistry of the American Medical Association reports that there have been numerous instances of cutaneous reactions due to the use of sulfonamides in external applications and ointments. Only a physician can determine conditions which may be effectively treated with sulfonamide preparations. The Council feels that there is little danger in external use where the applications are limited to the skin disorders which may be effectively treated by these preparations.

\*

*Births in the United States in 1944 fell below the 1943 level by over 140,000. However, there were 48,000 fewer deaths among the civilian population in 1944, according to the director of the census bureau.*

\*

RUSSIAN SCIENTISTS have successfully transplanted the hearts of frogs and have grafted a second heart on cats, dogs and rabbits, according to the Soviet Information Bulletin. The frogs lived naturally for six months and went

## When DIET-BULK is needed



### to counteract constipation...

Nabisco 100% Bran provides a delicious, "crunchy" cereal for patients when the diagnosis is constipation due to insufficient bulk. Patients like its flavor, too, in muffins or cookies, easily prepared from recipes on each package.

Contains all the nutritive factors of whole bran—valuable phosphorus and iron, important Vitamin B<sub>1</sub>.

Finer-milled, bran particles in Nabisco 100% Bran are broken down, made smaller. Mild and gentle in action.

Sold in food stores everywhere in pound and half-pound packages.

**FINER-MILLED to make  
bran particles smaller**



**BAKED BY NABISCO  
NATIONAL BISCUIT COMPANY**

through the normal breeding and spawning cycle. In the case of the warm-blooded animals, the original heart was left in after the second heart had been grafted and both worked normally. In the cases of frogs, the original heart was removed after the second one had been successfully transplanted and functioning.

\*

### STREPTOMYCIN

THE ARMY has announced the use of this new drug closely allied to penicillin, whose total output has been only fourteen ounces a month. Streptomycin is being used in thirty general Army hospitals, particularly in the treatment of urinary and other infections caused by the gram-negative bacteria which do not respond to penicillin. The standard daily dose is one gram or one million units administered in three injections over a twenty-four-hour period.

... *The American Journal of Medical Sciences* reports that the blood level of streptomycin following a single intravenous injection is better maintained than in the case of penicillin. Detectable amounts were present six hours after injection, compared to two and a half to three hours in the case of penicillin. Following oral administration, streptomycin levels as high as 9000 units per gram per pound were found in the feces. Early side reactions have not been alarming and no late toxic effects have so far been observed according to this report.

\*

*The earliest recorded apothecary's prescription dates from 3700 B.C.*

\*

THE ARMY'S PICTORIAL SERVICE has developed for the use of the Surgeon General's Office a camera which uses ultra high-speed, self-contained light source, and is entirely automatic, enabling photographically unskilled per-

The Microscope shows: **Johnson's Baby Lotion**

**leaves discontinuous film**

Hospital tests indicate: **incidence of skin**

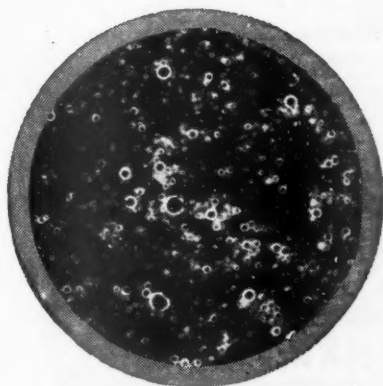
**irritations materially reduced**

**V**ERY NOTICEABLE in this photomicrograph (1000x) of Johnson's Baby Lotion, is the discontinuous film of micron-size oil globules.

Very noticeable, in routine hospital-nursery usage, is the effectiveness of this new white antiseptic lotion in lessening the incidence of infant skin irritations.

Johnson's Baby Lotion is a homogenized emulsion of specially compounded mineral oil and water, with lanolin. On the infant's skin, the water phase evaporates, leaving a *meshwork* of oil globules.

This not only permits normal heat radiation and allows perspiration to escape readily, but also guards the baby's skin from intimate contact with urine.



Clinical and field tests indicate that routine use of Johnson's Baby Lotion materially reduces the incidence of heat rash, urine irritation.

More and more hospitals are changing over to Johnson's Baby Lotion.



**Johnson's Baby Lotion**

*Johnson & Johnson*

Send for trial bottle of  
Johnson's Baby Lotion

Johnson & Johnson Baby Products Div.  
Dept. 110, New Brunswick, N.J.

Please send me, free of charge, a bottle  
of Johnson's Baby Lotion.

Name

Street

City  State

Offer limited to medical profession

KEEP IT CLEAN  
WITH ENERGINE!

*Does 2 things at same time!*



**PRIZE WINNER!** This illustrative idea, submitted by Mary Malindsak, R. N. of New Philadelphia, Ohio, won the \$25 prize in the August Energine Contest.

**ENERGINE  
SHOE WHITE  
CLEANS as it  
WHITENS!**

Use a shoe white that does two important jobs — not just one! Energine Shoe White cleans as it whitens — actually makes dirt and smudges disappear **WHILE** it gives your shoes a snowy white finish that's beautifully even from toe to heel. And Energine Shoe White contains a remarkable leather conditioner that makes your shoes last longer. Comes with a handy applicator, goes on in a jiffy, and there's nothing that stays on better. Get the big bottle today.



sonnel to make perfect pictures of surgical operations. The camera weighs approximately five and a half pounds and is operated from a portable electric power pack which weighs approximately twenty-seven pounds and may be plugged into an ordinary electric light current.

\*

#### SURGICAL SUPPLIES

A NEWLY DEVELOPED flexible bandage made of fiberglass and plastic can be immersed in a setting solution and applied to the injured part where it will harden into a rigid cast, according to Doctors Roger Anderson and Herbert R. Erickson of Seattle. The fiberglass plastic cast weighs only about one-sixth as much as the equivalent plaster cast and does not block X-ray penetration.

... At Wayne University College of Medicine a special fiberglass bandage has been devised for application to burns. The glass cloth is placed on the burned area, covered with a thick layer of cellucotton and the whole dressing then wrapped with a moisture-tight plastic material.

... The United States Department of Agriculture has developed a partly acetylated cotton which will not rot when attacked by microorganisms or mildew.

\*

*Successful treatment of obesity by appetite control has been reported. Benzedrine sulphate and atropine are given one hour before each meal over a period of weeks.*

\*

A NEW SKIN DISEASE, named atypical lichen planus, and known to the soldier as one of the varieties of "jungle rot," has been reported by the Office of the Surgeon General. The medical officers in the Southwest Pacific be-



**COULD ANY  
INSTANT CEREAL  
MATCH THIS  
ONE?**

### **CLAPP'S INSTANT CEREAL FOR BABIES**

*Pre-cooked . . . ready to serve*

Clapp's Instant Cereal is prepared from mixed cereals, fortified with vitamins and minerals, notably vitamin B<sub>1</sub> (thiamine) and Iron, in which the diet of infants and young children may be deficient.

#### **INGREDIENTS**

Whole Wheat Meal • Malt • Dicalcium Phosphate • Corn Meal • Dry Milk Solids • Salt • Wheat Germ • Dried Brewers' Yeast • Iron Ammonium Citrate. 1 ounce of Cereal contains not less than 100 U.S.P. units vitamin B<sub>1</sub> and 0.18 milligrams vitamin G.

#### **TYPICAL ANALYSIS**

Carbohydrate	Moisture 5.7%
71.7%	Calcium (Ca)
Protein (N x 6.25)	0.34%
16.0%	Phosphorus (P)
Fat (ether extract)	0.80%
1.2%	Iron (Fe)
Ash (total minerals) 3.8%	0.021%
Crude Fiber 1.6%	Copper (Cu)
	0.002%
Calories per avoird. ounce 102.	

#### **NUTRITIONAL VALUES**

While the quantity of Clapp's Instant Cereal used may vary considerably for the individual, ½-oz. and 1-oz. quantities may be considered average daily amounts for the infant and young child respectively. These amounts furnish the following percentages of the minimum daily requirements:

**INSTANT CEREAL:** For infants, 60% of vitamin B<sub>1</sub>; 18% of vitamin G. For young children, 60% of vitamin B<sub>1</sub>; 80% of Iron; 12% of Calcium; 33% of Phosphorus.

The Council on Foods and Nutrition of the A.M.A. suggests that infant cereals may well be selected upon the basis of furnishing vitamin B<sub>1</sub> and Iron. Clapp's Cereals are an excellent source of these two food elements and thus are preferred for inclusion in infants' diets.

**CLAPP'S  
BABY CEREALS**



**CLAPP'S BABY FOOD DIVISION,**  
American Home Foods, Inc., Dept. K-12,  
22 East 40th Street, New York 16, N.Y.  
Please send me a supply of professional  
samples of Clapp's Instant Cereal and  
Clapp's Instant Oatmeal.

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## New Cream Deodorant

*Safely helps*  
**Stop Perspiration**



1. Does not irritate skin. Does not rot dresses and men's shirts.
2. Prevents under-arm odor. Helps stop perspiration safely.
3. A pure, white, antiseptic, stainless vanishing cream.
4. No waiting to dry. Can be used right after shaving.
5. Arrid has been awarded the Approval Seal of the American Institute of Laundering—harmless to fabric. Use Arrid regularly.



ARRID IS THE  
LARGEST SELLING  
DEODORANT

# ARRID

**39¢** plus tax (Also 59¢ jars)

AT ANY STORE WHICH SELLS TOILET GOODS  
**MORE MEN AND WOMEN USE ARRID  
THAN ANY OTHER DEODORANT**

lieve that atabrine is an underlying cause of the disease, with skin injury, irritations and excessive exposure to sunlight, combined with profuse perspiration and dietary deficiencies as contributing causes.

*More American lives have been lost through accidents in the United States between Pearl Harbor Day and V-J Day than as a result of enemy action, according to the Greater New York Safety Council.*

DOCTORS A. STONE FREEDBERG and Joseph E. S. Riseman report on twelve patients, suffering from angina pectoris, who were given administrations of cobra venom, resulting in clinical improvement in seven cases, four out of five of which had been unresponsive to the usual medications employed in treatment of the disease.

*Dr. D. Rees Jensen considers pain the most important protective mechanism with which Nature has endowed mankind.*

BABIES BORN IN SUMMER and early autumn have a much better prospect of celebrating their first birthday than have those born at any other time of year, as they were conceived during October, November and December when their parents were healthiest.

*Respiratory disease is responsible for more than one-third of the total number of person-days lost to American industry through disability.*

ACCORDING TO Dr. C. Richard Smith of Los Angeles, the presence of tubercle bacilli in the gastric contents of apparently normal persons should be regarded as evidence of an undiscovered focus of infection.



IT'S TRUE

IT'S HERE

IT'S A  
**BULOVA**



THE  
WRIST-WATCH  
YOU'VE BEEN  
WAITING FOR

●  
FOR WORK  
OR FOR DRESS

### THE PERFECT NURSES' WATCH

#### Specifications

17 Jewels  
10 Karat rolled gold-plate top  
Steel Back  
SWEEP-SECOND HAND  
Silk cord with ratchet safety  
FULLY GUARANTEED

●  
**THE FIRST  
IN OVER 3 YEARS**  
*Limited Quantity*

The Bulova Watch Co. has allotted a limited quantity of these fine watches to us for sale exclusively to Registered Professional Nurses.

WE OFFER THEM SUBJECT  
TO PRIOR SALE.

**R.N.  
SPECIALTY CO.**

At last you can have one of these gorgeous wrist-watches. Fine, sturdy, dependable, beautiful. A genuine Bulova. A watch which will help you in your professional work, which you will be proud to wear at any other time and which you can buy unhesitatingly with the full knowledge that you are getting the best. Only \$33.75 including all taxes.

#### R. N. SPECIALTY COMPANY

15A East 22nd Street, New York 10, N.Y.

Gentlemen: Please send me one of these fine Bulova Watches.

☐ I enclose \$33.75.

☐ Send it C.O.D. and I will pay the C.O.D. and money order fees.

YOU WILL REFUND MY MONEY INSTANTLY  
IF I AM NOT GREATLY PLEASED.

NAME .....

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REMEMBER -

EMZO-CAL  
for

ITCHING!



Calamine, zinc oxide and benzocaine in a specially developed greaseless cream base.

RELIEVES ITCHING PROMPTLY

PROTECTS . . . AIDS HEALING

Use in pruritus ani, vulvae and scroti — eczema —  
intertrigo — chafing — diaper rash — rashes of  
exanthems — plant dermatitis — and other irritative  
skin conditions.

In 2 oz. tubes and 1 lb. jars.

Literature and sample from Crookes Laboratories,  
Inc., 305 East 45th Street, N. Y. 17, N. Y.

CROOKES



"...It lifts  
morale  
and builds  
self-  
confidence"

Many women over the last 8 years, after serious operations or long sieges of illness, have written us in terms like the above in praise of unequalled benefits bestowed upon the skin of face and throat by the regular use of ENDOCREME.

Yes, ENDOCREME... the original, successful scientific face cream with its unmatched results established by 8 years of widespread use... does help to an unduplicated degree to make the skin firmer, fresher, smoother, softer, more radiantly youthful looking.

It alone contains Activol\*\*, an effective replacement for woman's own natural skin-beautifying substance which, absorbed by the skin, helps to restore normal growth to ageing cells and tissues. No wonder ENDOCREME is so superior in help-

ing to restore feminine sickroom morale!

ENDOCREME is a safe and scientific face cream which all nurses and physicians may recommend with the knowledge they are doing the patient a favor quickly appreciated and long remembered. Thousands have reported marked results in as little as 30 days. Insist on ENDOCREME at better beauty counters. Only \$3.50 the jar, (30 days' supply) plus tax.

*For The Hands: Nurses and patients alike will find new, different ENDOCREME Hand Lotion unusually effective in improving and beautifying the hands, arms, elbows.*

*Endocrine*  
... In successful  
use since 1937

\*\*... The only cream containing Activol

HIRESTRA LABORATORIES, INC. • 551 FIFTH AVE., NEW YORK 17, N. Y.

IN THE TREATMENT OF THE  
COMMON COLD

The  
MEDICAL CLINICS  
of  
NORTH AMERICA

1112

"... it is desirable to use a shrinking solution to lessen swelling of the nasal mucous membrane and to keep sinus ostia open, without impairing ciliary activity."<sup>1</sup>

PRIVINE\*

HYDROCHLORIDE

Aqueous, isotonic solution, buffered at pH 6.2 re-adjusts alkaline pathologic secretions to normal acid range, favors ciliary action, facilitates return to normal condition.

Privine (Naphazoline) provides prolonged relief of congestion in acute rhinitis . . . not followed by secondary vasodilatation. 0.1% for adults; 0.05% for children; bottles of 1 oz.

1. Medical Clinics of North America, 1108, Sept. 1944.

\*Trade Mark Reg. U. S. Pat. Off.

*a Ciba  
Product*

CIBA PHARMACEUTICAL PRODUCTS, INC., SUMMIT, NEW JERSEY  
IN CANADA, CIBA COMPANY LIMITED, MONTREAL

## Memo from the Editor

---



MANY nurses have been writing us in the past two years to say that they have not been receiving *R.N.* Either they have not been able to subscribe or, for some reason unknown to them, their monthly copies stopped coming. To all those who were inconvenienced, and to those who have had to write us, we offer sincere apologies.

*R.N.*, like all publications, lost valuable personnel during the war. With a reduced staff, our subscription department handled some 5,000 corrections of addresses each month, renewed about 2,500 subscriptions, removed some 3,000 names of nurses who failed to request renewals, and added over 2,000 new names. They made very few errors—but they did make some, and we are sorry. In addition, Government restrictions on the amount of paper we could use monthly made it impossible for us to increase our circulation much over our basic 100,000 names. Thus, we had to turn down many requests from nurses who wanted to become *R.N.* readers.

All that's in the past now. We have a new enlarged subscription department, and there are no longer any clamps on expanding our circulation. In 1946, we will do everything in our power to make it possible for each registered nurse who wants *R.N.* to receive the magazine regularly.

Will our readers pass this word along to other nurses who are not now receiving personal copies? There is no charge for the magazine. We do, however, ask that you request and fill out a subscription card, or send us on a penny postcard your name, address, school of nursing, year of graduation, current registration number and the State in which you are registered, and the type of nursing in which you are now employed. We want to remind you, also, to notify us promptly of address changes, and to return the blue renewal card inserted in the magazine after you have received copies for two years.



*However low the spirits of the boys in that hospital just behind the forward lines last Christmas Eve, they were at least alive and, temporarily, no guns fired.*

## **Silent Night**

**BY DOROTHY SUTHERLAND**

THIS is the night before Christmas. Even here in the small Alsatian town of Mutzig, it is cold and starlit and lovely. Earlier there was a moon, and the gray slate roofs of these ugly Germanic buildings looked beautifully dipped in silver. It is the "stille nacht, heilige nacht," of the beloved carol, and in our hearts there is not one of us who is not secretly defying Hitler to try to take it away from us.

Nancy Gatch and I have just come back to our quarters from the wards where, with most of the nurses and some of the doctors, we have been making rounds and caroling. There wasn't a Schumann-Heink amongst us, but the boys and the corpsmen seemed to like the singing anyway. We crossed the cobbled quadrangle of the old caserne in which the hospital is set up for the first time in buildings. And we stood for a moment to admire the sky and to marvel at the stillness. The Jerry guns across the nearby Rhine are suspiciously quiet and we shuddered a little as we realized how we have come so naturally to mistrust the silence.

Not long ago we were in Strasbourg trying to buy a few odds and ends that might be used for gifts or for decorations. There wasn't much to be found for the city had been pretty thoroughly bombed before its liberation last

month. We managed to find some colored paper, some Christmasy picture postcards, a few pocket-combs and mirrors, and other small souvenirs which might be tucked into Christmas stockings. All the time we were strolling around town we could hear the thud of shells landing in the eastern outskirts. You feel perfectly at ease when you know where they are landing. It is when you can't hear them at all that you worry and wonder whatever in the world Jerry is up to.

Early this week, a group of boys came in here from the 7th Army front. They are up-patients with mild cases of trench foot and respiratory infections, and most of them are battle happy. They sit around the little pot-bellied stoves in the wards and talk rapidly about the fanatical shouting Jerries that storm out of the woods as if they were hopped up with liquor or dope. Bloodthirsty and primitive, they say the Nazis are, and they tell how our men were out-numbered, slaughtered and left to stain the white snow. Every now and then a sergeant gets up and re-enacts how he maneuvered himself and some men out of a trap. But the upshot of it all seems to be just one untenable situation after another. They say that we are losing ground, that we are being pushed back into territory which we captured and sped through



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more than a month ago.

These same boys say that word of a setback in Belgium has filtered down from the north. They say there is an enormous German bulge pushing a wedge into our gains there and that



two of our hospitals have been captured. It may all be rumor, of course. But, oddly enough, the more fantastic sounding the rumor the better chance it has of being confirmed by official Army announcement a week or so later. And so these boys stand warming their rears at the little stoves and saying "Thank God, I don't have to spend Christmas in a foxhole." The pity of it is that some must stay behind and fight, Christmas or no, the only possible respite being the questionable one of wounds or illness which removes them from combat.

Everyone has been working like a dog this week to keep the hospital running and still develop the utmost in Christmas spirit. Jean McNeil and Nancy have used all their Red Cross imagination and ingenuity to make up for the fact that no A.R.C. Christmas packages have as yet arrived for the patients. They found a local seamstress who made up hundreds of little Christmas stockings out of bolts of blue and red cloth left behind by the Germans when they retreated. Into each one of these goes cigarettes, chocolate, comb, razor blade, soap, deck of cards, or any other little trinket contributed for that purpose by the nurses and doctors.

What the girls wanted more than

anything else were toothbrushes for the patients. These are scarce in the field as the proverbial hen's teeth—and far more in demand. Walk through post-op and ask any of the boys what he'd like most for Christmas, if he could have a present, and the chances are he'd say "A toothbrush!" But you can't give it to him because there aren't any and there isn't any corner drug store to run to.

Anyway, every patient will have some little thing to open and look at tomorrow . . . just to let him know we don't think a turkey dinner is quite enough.

Gifts are short all around this year. Mail has been arriving only spasmodically and another fine rumor has it that



a ship loaded with packages from home burned in the harbor at Marseilles. Those packages which we did receive we opened early so that the wrappings and ribbons could be used again. Most of the things we received for ourselves are earmarked already for someone else in the unit along with a few precious things like perfume and scented soap or maybe a lacey handkerchief that we've been hoarding. When you can't go Christmas shopping, it's just as much fun to shop around through bedding roll and foot locker. Some of the nurses are parting with personal things this year which they've packed with them ever since the North African campaign. I can't help thinking that this is the only kind of giving that has meaning . . .

We have brought in Christmas trees—one for every ward—and mountain

laurel from the woods and the hospital really looks festive. The gloom of the dingy barracks in which the wards are set up has practically vanished. We made gold and silver bells out of the waterproof metallic paper which covers signal supplies. Some of the boys cut swirls and stars out of discarded fruit cans, and burned-out light bulbs, painted, made colored ornaments for trees. We dipped the cut-off fingers of old rubber gloves into epsom salts and alcohol and blew them up into gay frosted balloons. The foil linings of cigarette packages we cut into strips and looped together to make silver streamers. And we used all the red ribbons from our own Christmas wrappings to make bows for wreaths and sprays . . . It sounds feeble, putting it down this way, but the fact is that tonight in the candle light, with everyone singing carols, the hospital was really beautiful.



When I came out here ten days ago to rejoin the unit, I got the surprise of my life. A room of my own, complete with cold water that runs into a zinc sink, a porcelain stove which burns miraculous coal briquettes, a chest of drawers, my cot made up with my pink

blanket on top as a bedspread, and a large oak desk with all kinds of drawers for papers and notes and carbons and pencils. There is also a little Polish gentleman who cleans the place and keeps the fire going. The nurses said it was my present for Christmas, and I sat down and bawled like a baby when I thought back over the months of living out of a barracks bag, no running water, no heat (or stoves that wouldn't burn properly), and an upended wooden carton for a typewriter desk. It's wonderful, even if it doesn't last!

North of here, the infantry is pulling back out of Hagenau Forest, and in the town of Hagenau itself sits one of our other evacuation hospitals with shells plunging down the main street and dropping on its front doorstep nightly. We consider ourselves lucky. Our patients are happy and comfortable, for the moment, at least, out of artillery range. The chief thing we feared—that we might be ordered to move and have patients in transit on Christmas Day—has not transpired. For another twenty-four hours we have outwitted the enemy. However still the night, we are alive, we are together as we have been through the long months of this campaign. It seems to me that that is what each of us wanted most, for this Christmas.

*[From the overseas diary of R.N.'s editor, R.N. extracts this brief glimpse of our last wartime Christmas.—THE EDITORS.]*

#### NEW YEAR—1945

The dawn of New Year lights the toiling earth  
And finds the nurses once again in white.  
The bells of New Year mark the pangs of birth,  
For peace is born in travail. Now war's night  
Is ended, nurses walk the halls in white.

—JANICE BLANCHARD, R.N.

# Army Efficiency Ratings

BY CAPT. ALICE CLARKE, A.N.C.



A GRAVE injustice was done to members of the Army Nurse Corps during the reorganization of the general procedure of rating the efficiency of all Army officers. The recorded efficiency ratings which nurses have received are in no way comparable to the actual high quality of the work they have accomplished.

Major General Norman T. Kirk, Surgeon of the Army, is concerned about this situation and is anxious to expedite measures to correct it. Colonel Florence A. Blanchfield, Superintendent of the Army Nurse Corps, is fully cognizant of this mistake and states, "Drastic measures are being taken to rectify the obvious, though unintentional, injustice done to Army nurses."

As a consequence of the changes in this procedure of grading and also be-



cause of the confusion created when the Army Nurses became members of the A.U.S., which put their efficiency grade parallel to those of other Army officers, nurses returning to civilian life feel that they have received a "raw

deal" in the method in which their service has been measured.

There are many explanations for this unhappy situation, but speed to meet the emergency was the chief offender. Recruiting swung into high gear; hasty training was given because of the necessity; fluctuating policies were attempted in an effort to strive for maximum efficiency and with the frequent inter-changing of personnel between theatres, it naturally followed there were trials and errors, improvements, and there was some waste.

Nurses who are now beginning their post-war planning may have already, or soon will, feel the teeth of that old proverb, "Haste makes waste."

Army Nurse Corps members of hospital units and individual Army nurses returning from overseas duty are being met at ports of debarkation with the information that they are eligible for discharge from the service and are asked their preferences as to remaining in the service or returning to a civilian status.

For example, let us say you are a nurse in an affiliated Army evacuation hospital and have just returned from combat conditions. Your hospital has been cited throughout its service overseas as having a superior rating. When asked your preference you, with all the eagerness you can muster, reply, "I would like to stay in the Army for a little while longer or maybe join the

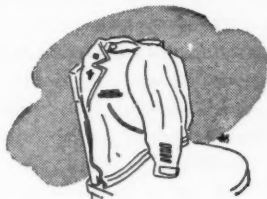
regular Army Nurse Corps when that recruiting begins." Then that voice speaks—words you will never forget, "I'm sorry, lieutenant, but your efficiency rating is not high enough for you to continue in the service. It must be 36 or over and yours is only 32." You look at the officer blankly. "What does that mean? I have always had a Very Satisfactory or Excellent rating, how is it my average is considered low? I don't understand." No! you don't understand and neither did the administrative officers in the Nursing Division when it was reported to them that so few nurses had efficiency ratings above 36. Colonel Blanchfield, when informed of this, stated, "I am positive that if the gradings of Army nurses had been studied in view of the adjusted methods, we would have found that very few would have failed to pass and, in fact, most of them would have come up to 40 and over."

Immediately after this fact was discovered, a survey was made; methods in grading the efficiency of Army nurses were checked. Chief nurses in units were interviewed and the reasons propounded for the discrepancy. Already action is being taken to correct the injustice done a group who have given so generously to the war effort. In A.N.C. headquarters, nurses ratings are being regraded, and it is this new higher efficiency rate which will be referred to civilian hospitals requesting them.

This is Colonel Blanchfield's message to Army nurses in the Corps and those already separated under the demobilization plan:

"I am deeply perturbed, as are the Army nurses who have suddenly been jolted by the realization that something definitely must be wrong with the method of grading them for efficiency ratings. The value of the effi-

ciency report lies in the degree of objectivity, impartiality, and sound considered judgment displayed by the rating officer. Efficiency ratings comprise the evaluation of the nurse as a professional officer in comparison with those of the same grade and profession. Army nurses have just completed successfully one of the hardest tasks they have ever undertaken. They have asked no thanks, no rewards, but now they look askance, when thinking of those gruelling hours, those sleepless nights and the hardships they volunteered to endure along with the men of this country.



"I feel it is urgent, at this time, to make a statement clarifying the position of those nurses who have already been separated from the service and are now being humiliated by questions in reference to their low efficiency rating while serving with the Army Nurse Corps. As the U.S. Army was their last employer, this figure is carried to their civilian employer as their professional credentials.

"From the change-over from peacetime standards to that of a national emergency, many changes were deemed compulsory in the methods of handling records and paper work of the Army as a whole. In compliance with an order to reduce entangling Army red tape to a minimum, systems of grading male officers and Army nurses were altered many times. The latest alteration in 1944 when Army nurses became members of the A.U.S., permitted the elevation of [Continued on page 86]



# Early Test for Uterine Cancer

BY DONALD G. COOLEY



**A**DVICE that periodic physical checkups can be lifesaving by leading to the detection of possible cancer in its earliest stages is an old, old story to nurses—but one which most of the profession has learned can hardly be repeated too often. Every hospital has its quota of frankly hopeless cases for whom the doctor can only shake his head, give palliative treatment, and murmur, “If only she had come earlier—”

Perhaps you are convinced that you can recognize the “cancer look” in a patient. Not a few nurses of experience can, indeed, make shrewd judgments when malignancy is far advanced. But many types of cancer in their very earliest stages are entirely symptomless. The individual feels and looks no different, and it is extremely difficult for a physician to diagnose a tumor so tiny and hidden that it gives no evidence of its presence. The tragedy, of course, resides in the fact that cancer is most curable in the early stages which are most easily overlooked.

Cancer of the uterus, except for carcinoma of the stomach, is the greatest malignant threat to women. The present record of approximately 10 per cent of five-year cures of uterine cancer could, it is estimated by Ewing, be increased to 40 per cent under ideal conditions. Chief among ideal conditions is early diagnosis and treatment. The fact that an easily applied, generally reliable test for early uterine

cancer is winning acceptance among gynecologists is therefore news of great importance to every woman.

The vaginal smear test was first reported in 1943 by Doctors G. N. Papanicolaou and H. F. Traut of Cornell University College of Medicine in New York. Since then, many other workers have applied the technique, and its acceptance now rests upon substantial clinical experience. In one series of over a thousand cases, the rate of diagnostic (false positives and false negatives) was only 4 per cent. Presumably, this rate will further diminish as possible factors of error become better understood.

In principle, the vaginal smear test is very simple. The premises are these: A cancer of the cervix or fundus of the uterus, even though it may be too small to give rise to suggestive symptoms, will shed a proportion of its malignant cells. These cells migrate into vaginal secretions. A smear taken from the vagina, stained, fixed, and studied under the microscope, which reveals cancer cells, would give strong presumptive evidence of malignancy somewhere in the genital tract. Conversely, absence of such cells indicates absence of carcinoma.

In practice, the test is not quite so simple. Thorough knowledge of histology and experience in interpretation are indispensable. Some non-malignant cells bear confusing resemblances to cancer cells. In a few cases, absence of



malignant cells leading to a diagnosis of "no cancer" may be caused by failure of the tumor to exfoliate or to too complete breakdown of its products.

These limitations appear slight, however, when compared with triumphs achieved by the smear test. Te Linde has reported eleven cases of early cervical cancer, pronounced positive by the test. Biopsy specimens were taken in all cases, but in approximately half of them, several expert pathologists were unable to diagnose cancer from a study of the tissues. In all these cases, the entire cervix was removed, cut into blocks, and numerous sections cut and



examined. Only after extremely careful and tedious searching, of the "needle in a haystack" order, were the actual sites of cancer invasion established, confirming the smear test diagnosis.

Biopsy establishes diagnosis, but where the tumor is extremely small it is easy to miss the site in taking specimens. Vaginal examination and palpation can also fail to disclose a tiny symptomless malignancy of the endocervix and endometrium. The smear is not a replacement of biopsy, but an ad-

junct, and its great value is that diagnosis may be established earlier than by other methods.

Dr. Joe V. Meigs and his co-workers at Massachusetts General Hospital and Harvard Medical School in Boston report, in *Surgery, Gynecology and Obstetrics*, a series of 1,015 cases in which the vaginal smear was employed in the diagnosis of uterine cancer. They point out the great advantage of the smear in routine tests of large numbers of women. Unlike biopsy, which is an operative procedure, the smear test is easily applied, inexpensive, requires no special facilities, and any doctor may take a vaginal smear in his office and send it to a central laboratory where it can be examined by technicians trained in the method. Moreover, while biopsy is limited by the size of the tissue taken, the smear gives a fair sample of all cells present in the vaginal secretion.

A limitation of the smear test is that it does not indicate whether the cancer is in the cervix or endometrium. Meigs and his associates point out that in cervical cancer, there is a slightly greater likelihood of variation in the size of cell nuclei, while in endometrial cancer the cells are somewhat more likely to be present in clumps.

Dr. J. E. Ayre in the *Canadian Medical Association Journal* suggests a modification of the smear test in which the specimen, [Cont. on page 100]

**E**ven the most convinced chauvinist might hesitate to question the constructive international value of the nursing profession, established the world over as an instrument of service to mankind, irrespective of political, racial or social frontiers . . . Nations and worlds are made up of individuals, and the experience of nurses dealing with the most diverse types among them may well give cause for deep reflection on the part of those who proclaim the superiority of one race, the inferiority of another.—LILLIAN WALD, IN AN ARTICLE ON "INTERNATIONALISM IN NURSING," 1925.



*Stewardess training begins with interview. Candidate and employment manager discuss qualifications, work, and opportunities for advancement.*



*Candidates have health checkup in airline medical department. Height, weight, vision, general well-being and emotional stability are evaluated.*

## ***Fly Again!***

COMMERCIAL aviation has opened its arms again to air-minded nurses and opportunities for 1946 promise to be better than ever for those who can qualify. Increased service by all the airlines, larger planes, longer flights, and expanded transoceanic schedules all contribute to the demand for nurse-stewardesses. But probably even more important than these is the outstanding performance of R.N.'s employed before the war. As one executive put it, "Those girls were so good, we've been counting the days till Uncle Sam would let us have them back!"

For the coming year, the Air Transport Association of America reports that three large airlines will each engage twenty registered nurses a month to serve on transcontinental flights. Another large line says it will enroll in its stewardess training course forty or fifty candidates every two months. Which means that almost a thousand jobs will

open up for R.N.'s in this field alone before another Christmas. But there's a slight catch: The requirements are exacting, the pay is not so high as is generally assumed, and none of the airlines have as yet reverted to their original policy of employing R.N.'s exclusively. During the war when nurses were classified as essential, all the airlines employed co-eds—girls with at least two years of college. Some of these girls are still employed, and the lines will continue to hire them if their personal qualifications can compete with those of the nurses.

These necessary qualifications are fairly standard for all the airlines:

Age: 21 to 26

Height: 5' 2" to 5' 6"

Weight: Normal for age and height

Vision: 20:20 without glasses

Education: Registered nurse or two years of college

In addition, each applicant should be



*Class work lasts from three to six weeks. Instructors are usually former stewardesses who have "graduated" to these higher paid grounds jobs.*



*Serving food is only one phase of stewardess' responsibility. Her chief job is to see to the comfort and safety of all passengers.*



*Course ends with observation of experienced stewardess at work on actual flight.*



attractive, unmarried, with a pleasing personality and the ability to get along well with a wide variety of people. Poise, the ability to express oneself, interest in the geography of each flight, and a knowledge of languages are all assets. One airline estimates that twenty-four out of twenty-five applicants are eliminated because of unsatisfactory personal appearance.

Salaries vary somewhat with the individual lines. The average, however, starts at \$125 a month for the first six months, increasing to \$140 by the end of the first year. Thereafter, top jobs such as flight instructor and eventually chief stewardess climb up the scale to a maximum of \$180 monthly. Beyond the pay check, there is the relative value of the food, lodging, and transportation (all on a Class A level!) provided by the employing airlines when the stewardess is away from her permanent base.

Nurse-stewardess service was created by a nurse who brought her idea to United Air Lines way back in 1930. The nurse was Ellen Church, then fresh from the University of Minnesota's school of nursing, and now a captain

in the Army Nurse Corps and wearer of the Air Medal for distinguished and gallant service. By 1945, more than a thousand stewardesses were employed to fly the nation's airways—a figure which promises to double itself in the coming year. Several foreign lines, including Holland's KLM, Swissair, and Australian National Airways took a tip from Ellen Church and followed the American example of staffing all planes with stewardesses.

In the beginning, Miss Church and her seven original recruits worked chiefly to instill confidence in air travelers—especially women—who were then rather timidly trail-blazing the skyways. As air transportation advanced and the stewardess program spread, the duties and responsibilities multiplied. From the outset, there has been little opportunity for the stewardess to function as an R.N. aloft, but her professional background has been a means of setting a standard of uniformity.

Most of the airlines look on the nurse-stewardess as does Dale Medland, employment manager of United, who says: [Continued on page 90]

### YES, DOCTOR



When my nursing days are ended  
And I reach the Pearly Gate,  
I'll still be saying, "Yes, Doctor,  
I'm sorry if I'm late."

And when I hear the peal of bells,  
And the hallelujah chorus,  
I'll think it's the old ward telephone,  
With an urgent message for us.

Unless I'm careful what I say  
I'll answer loud and clear.  
"This is the Nursing Service:  
Yes, the Doctor just got here."

—BLANCHE GODFREY SMITH, R.N.

# Facts Abouts DDT

BY ANNE M. GOODRICH, R.N.



SOME wise man once said "Know your enemies." Just before the end of the war in the Pacific, D-Day came to a small island. As the Marines clamored down the landing nets into the small boats which were to take them ashore, they looked toward the attractive green islands and thought with trepidation of the Japs awaiting them. But to the old campaigners, the tropical foliage meant that another powerful enemy lay in wait. The disease-carrying mosquitoes and the insects which would bite and sting. Then overhead a fleet of bombers made for the shore. No bombs dropped from their bomb bays, but an almost invisible discharge of DDT and oil blanketed the island, making the area free of insects and minimizing the danger of malaria and dengue fever for several days to come. It has been demonstrated that as small an amount as one-tenth of a pound of DDT per acre will kill the larvae of the common malaria mosquito. A quart of oil containing 5 per cent DDT to the acre will kill the larvae of this species and, even under jungle conditions, three quarts of this 5 per cent DDT solution will kill more than 95 per cent of mosquitoes and larvae.

This chemical compound, DDT, is not new. It was first synthesized in 1874 by a German student, Othmar Zeidler. Like many other such compounds, it remained on the shelves of chemistry laboratories as just another

chemical until a Swiss firm, in search of a moth-proofing agent, tested it along with many other lesser known compounds. DDT displayed a distinct insecticidal value and, late in 1942, a sample of this insecticide prepared by the Geigy Company of Switzerland was sent to its American branch, which, in turn, submitted it to the United States Department of Agriculture for testing.

In 1942 both Government and private groups were making extensive research to find possible substitutes for the basic insecticide chemicals cut off due to war. Prior to that time, four main sources were in extensive use: first, the arsenic compounds which were threatened by a possible war demand for the lead from which they were derived; secondly, the copper which supplied paris green and which also was threatened because of military needs for the metal; and thirdly, the pyrethrum flowers from which household insecticides were made and which were imported from Kenya, South Africa, had their supply reduced because of shipping difficulties. Shipping also was responsible for limiting the fourth material, derris, a plant from which rotenone is derived. Therefore the Bureau of Entomology and Plant Quarantine made extensive studies in their laboratory at Orlando, Florida on this new product, DDT. It was found to have a very destructive effect upon body lice. However, since the ma-



terial appeared to be a nerve poison, experiments were carried on with caution in spite of the fact that no other compounds tested seemed equal to the organic chemical, DDT, as an all-around insecticide.

The name, DDT, is based on the generic chemical name, dichloro-diphenyl-trichloroethane. It is practically insoluble in water but dissolves readily in organic solvents such as acetone and chloroform. It is also readily dissolved in petroleum oil. The less refined the oil the greater its solvent



power. Kerosene will dissolve approximately 5 per cent of DDT at room temperature and is, therefore, the basis of a number of trademark liquid DDT sprays. DDT may also be made up in the form of powder, usually 10 per cent DDT solution in a neutral carrier such as pyrophyllite.

The toxic effects of DDT vary widely with different animals and it has been established that it does not have a high order of acute oral toxicity. It takes 200 to 300 milligrams per kilogram of body weight to make a lethal dose for white rats, about 500 for rabbits, and 200 for dogs. Strangely enough, horses and sheep show no clinical evidences of poisoning when given up to 200 milligrams per kilogram of body weight, even if the dose is repeated for several days. While these animals did show tremors after the first feeding, these symptoms cleared up after a few days even though the dosage was continued. It has been determined with a fair certainty that no toxicity or irritation results from 10

per cent DDT powder applied to the skin. DDT in solution, however, can be absorbed through the skin and this is particularly true of the oil solutions. Tests with spray showed that animals exposed to very heavy doses in strengths adequate to kill insects showed no ill effects unless the animals licked the insecticide from their bodies.

While the high order of mammals seemed to have a fair tolerance for the insecticide, the cold-blooded animals such as snakes, salamanders, and toads may be killed by dosages within the insecticidal efficiency. Fish are markedly susceptible. It is even believed that trout may be injured or killed by feeding on insects which have succumbed to DDT.

As there is a difference in the toxic effect upon mammals and fish, so there is a difference in the susceptibility of insect species to DDT. It has been determined that the insects are killed both by contact and by feeding upon the insecticide. Extremely minute quantities are effective in killing flies. They will die if they crawl over a surface sprayed weeks or even months before with DDT, and as little as one part of the chemical to one-million parts of water will destroy certain mosquito larvae in the laboratory. Other insects such as fleas, cockroaches and boll weevils are less affected by DDT than the fly and mosquito, though the insecticide is still fatal to them if properly applied in sufficient percentage and quantity.

One of the properties of DDT which makes it especially useful, particularly against flies and mosquitoes, is its property of persistent residual effect. When applied to a surface in the form of fine spray, mosquitoes are not only killed within a few hours but the killing effect persists for several months. In the case of flies, this killing effect may be present for several months even



if the DDT has been sprayed outdoors on fences, buildings and vegetation around fly-breeding places. It has been demonstrated that the excreta of animals who have been fed DDT in small amounts will cause the death of flies which crawl over it and will also prevent all maggot growth in the manure.

During the war, DDT proved itself of inestimable value in the control of disease through the extermination of disease-carrying insects. It added to the soldiers' comfort and efficiency as well as controlling the epidemics which war inevitably brings in its wake. The first extensive field trials of this chemical in epidemic prevention was its use by our troops after the landing in Italy. When an outbreak of typhus in Naples threatened to grow to dangerous proportions, more than a million and a quarter persons were treated with DDT as a dusting powder with amazing results in epidemic control.

It is important for the nurse to know about DDT, both as to its potentialities and its shortcomings, if she is to use it effectively. As a powder or a spray it will kill insects and is relatively safe for humans, when used as directed. It should not be sprayed or dusted over food or utensils in which food is to be prepared, unless they are to be thoroughly washed before use. DDT solutions, particularly the most often used, kerosene oil solution, should not be allowed to come in contact with the skin or to remain on the skin for any length of time. The nurse should remember to use DDT for the purpose for which it was designed. Like many other chemical compounds it is effective against certain pests but it is not a panacea. Improperly used, it may be a danger not only to the nurse and her patient but to the many beneficial insects which surround us and without which plant life could not be supported.

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## Probie

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*"She always gets the ward with the candy."*



## How Is Your Waistline?

BY ISABEL GIBBONS

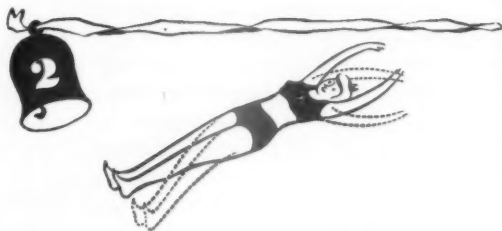
**D**O you worry and fret because new clothes don't fit properly? Or wish in vain for that light, supple look some women seem to achieve regardless of minor defects in their silhouette? Get out a tape measure and see what's been happening to your waistline since you last investigated.

To many of us, a waistline is simply that point from which we hang our skirt, the spot to tuck in your blouse, or to bind with a belt. We think of it as an anatomical equator, a convenient line of demarcation which holds the upper and lower parts of our body neatly in place.

A good waistline will not solve all of our problems of fashion and figure, but it *will* solve many and certainly help to minimize most of them. No matter how slim the rest of your body, a thickened waistline will make you look pounds heavier and years older.

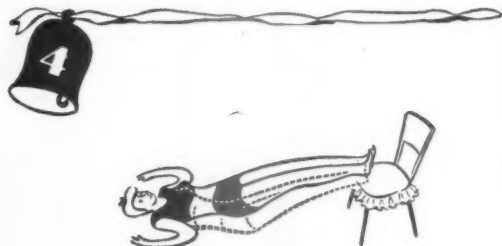
Good posture, which is close kin to a good waistline, brings with it a look of vitality and charm. A small waist will emphasize the soft curves of bust and hips which is especially important this year with the new "rounded" silhouette.

Here are a few simple exercises which take little time, not too much energy and, if you keep at them, will surprisingly improve your figure.



Lie on back, keeping legs together and arms overhead, elbows straight, hips flat on the floor. Stretch the full length of the body.

Move the right leg a few inches to the right, then edge the left leg over to it. Do this slowly and repeat until the legs have moved as far to the right as possible without moving the hips. Simultaneously, move the arms and the head to the right until the body forms a semi-circle. Alternate, five times to right and left.



Lie flat on the floor with your feet resting on a chair. As you lift your hips up slowly, pull your abdominal muscles up and in. Hold the position for a moment.

Lower your hips just as slowly, keeping the muscles in your abdomen contracted. Rest for a moment in your original position; then repeat.

1



Lie flat on the floor, on your back, with your arms outstretched at shoulder level, legs resting on the floor, feet together.



Raise your knees to bring them as close to your chest as you can.



Keep both shoulders on the floor and with a twist at the waist, swing your bent legs over and down slowly until they touch the floor. Repeat and alternate sides. Gradually increase the number of "tries" until you can repeat 25-times daily.

3



Stand upright with the legs apart, toes pointed straight ahead. Stretch arms upward, elbows straight.



Bring arms down to shoulder level, swing the upper part of the body as far to the left as it will go.



Now bend and touch your left foot with your right hand. Return to position No. 1 and repeat to the right. This exercise should be done rhythmically, stretching with the upward motion, relaxing as you bend down. Increase the number of the exercise slowly until you are able to do it 25 times a day.

5



Lie on the floor, legs straight, feet together, arms outstretched at shoulder level.



Lift right leg as high as you can without bending the knees. The other leg remains flat on the floor. Now, raising the left arm, try to touch your foot with your hand.



Swing the upright leg over so that it touches the floor at the left. At the same time, lower your left arm to the floor and try to touch your foot.

Resume position No. 2, then return to position No. 1 and repeat the movements with the other arm and leg.

# Insured by Uncle Sam

BY MORGAN DEMING



**N**URSES back on their civilian own again after living for several years under Army and Navy orders may find themselves somewhat bewildered by the numbers of things they have to take care of for themselves. With the beautiful privilege of doing as they please again, after the long period of being told what's good for them, come a host of confusing problems. In this flurry of change-over from the military to the civilian life, many nurses will give the matter of keeping up their national insurance policy only a quick look and a promise.

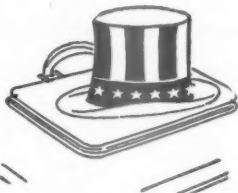
While it is true that 50 per cent of discharged personnel at separation centers say they plan to keep up their insurance, the fact of the matter is that only some 20 per cent actually do so. Something happens to good intentions after discharge, and with lapse rates running as high as 80 per cent, one suspects that a vast number of policy holders don't realize what a good thing they have in National Service Life Insurance.

Suppose that you are a military nurse with a government policy. You can take it for granted that you'll never be able to buy cheaper insurance. The Government absorbs administrative expenses and nobody makes a private profit. Your policy is a very valuable asset, one of the benefits accruing from military service. Civilians can't buy such a policy—and neither can you after you have been discharged. But

liberal as your government insurance provisions now are, they'll likely become more so as time goes on. That's the general trend of veteran's legislation. Private companies are advising their clients to hang on to their Government policies and incorporate them into their permanent insurance program.

(Incidentally, while you may take out private insurance *in addition* to your Government insurance, you cannot convert your National Service term policy into anything but National Service Life insurance.)

Why, then, is the lapse rate on Government insurance so appalling? One reason may be the veteran's haste to cut the military ties that bind. Another reason is that as soon as you are discharged, responsibility for keeping up



the policy is strictly up to you. Uncle Sam ceases to Mother hen in the matter with the ending of automatic deductions from service pay.

Still a third reason for the high lapse rate is due to the cloud of heavy language that looms up when you try to made head or tail out of the small print you encounter in explanatory booklets.

Actually, when you strip matters down to essentials the insurance story is rather simple. In non-technical terms, here are the basic facts about your National Service Life Insurance:

Your original policy is Eight Year Term insurance. (It was five years to begin with, but Congress recently granted an automatic three-year extension.) Term insurance is cheapest of all. It has no cash value. Eight years from the date of issue, you can throw the policy in the fire. It has served its purpose—to protect you and your beneficiaries during the specified years when, because of military service, you were exposed to unusual hazards.

If you die while the Eight Year Term is in force, your beneficiaries (members of your immediate family) will receive the stipulated monthly benefits. However, should you become totally disabled during that time, you can apply for automatic waiver of premiums. Which means, in effect, that the government will pay the premiums for you.

You have the right, at any time while your Eight Year Term is in force, to convert it into *permanent* insurance. You can choose one of three varieties: Ordinary Life, Twenty-Payment Life, or Thirty-Payment Life. These are actuarial equivalents of each other. Your premiums on Ordinary Life are lowest, but you pay them all your life. Premiums are highest on Twenty-Payment Life because, after twenty years, you are fully paid up. Thirty-Payment Life premiums are lower, but it takes you thirty years to pay up.

On all these permanent policies, however, you have cash values after one year. Your policy thus becomes a kind of money in the bank which, if you choose, you can withdraw or borrow against. These values keep increasing every year, proportionate to the

premium money you pay in. And, each year, you automatically have a larger reserve of paid-up insurance. What this amounts to is that, if you have to quit paying premiums, you are still protected by insurance for a term of years proportionate to sums already paid in.

No nurse needs to be told that disability can strike swiftly and without warning. Your hospital experience has brought that lesson home. Too often you have seen how accident and devastating illness can wreck the course of vigorous lives. A very important provision of your Eight Year Term insurance, therefore, is that even if you become totally disabled while it is in force, you can still convert it into permanent forms and claim waiver of premiums. All benefits, including cash values, will accrue to you—with the Government footing the bill. To take out a private policy under such cir-



cumstances would be very expensive, and, indeed, you would be lucky if you got one at all.

That, in the main, is the story of your National Service Life Insurance. There are, in addition, various technicalities that enter into the picture. Perhaps they can best be explained in the form of answers to questions most commonly asked.

*How soon must I make a premium payment after discharge?*

Within thirty-one days from the end of the period for which premiums were last paid—ordinarily, during the month following discharge. Your check or

money order, payable to the Treasurer of the United States, should be forwarded to the Collections Subdivision, Veterans' Administration, Washington 25, D.C. You have a grace period of thirty-one days after due date, but should you make any slip, such as forgetting to sign the check, the policy may lapse before a correction can be made. Your first remittance should contain information provided for in the insurance form; you needn't use the form but be sure to provide essential information such as your name, address, policy number, Service serial number, and date of discharge when you send your payment. *Don't wait for a notice requesting payment.*

*Can my Government policy be reinstated after it lapses?*

Your Eight Year Term can be reinstated at any time upon payment of only two monthly premiums, without interest, and compliance with health requirements. Ordinarily, if application for reinstatement is made within six months from date of separation, or within three months after the due date of the first premium in default, your statement that you are in as good health as on the date of original application will be sufficient. After expiration of these periods, insurance may still be reinstated but you will have to furnish evidence of good faith in the form of a complete [Continued on page 94]

## ***"Calling All Nurses"***

**N**URSES who want to locate friends whose addresses have been recently changed or become lost during the past few years may submit for publication, without charge, a short notice up to 75 words "calling" for information about any other registered nurse.

**RITA MARGARET MURPHY:** Formerly at Bronx Hospital, Bronx, N.Y. Believe she may have returned to Saskatchewan, Canada, her home town, since the war. Please communicate with Evelyn Bowles, 1107 W. Grace St., Richmond 20, Va.

**CLASS OF AUTUMN 1940:** Bellevue Hospital. Please communicate with Muriel G. Israel, 40 Monroe St., New York City 2.

**MARIE LARGE:** Last heard from after graduating from Presbyterian Hospital, Newark, N.J. Please communicate with Mrs. Gertrude Lower Gardner, R.N., 229 Wayne St., Highland Park, N.J.

**LT. THERESA MURPHY:** Served in the South Pacific. She has not written and letters addressed to her at APO 502, 109th

Station Hospital, c/o Postmaster, San Francisco, Calif., have been returned. Please communicate with Bertha Stein, R.N., 6757 Germantown Ave., Philadelphia 19, Pa.

**MARY W. COCCOCIA:** Letters addressed to both addresses given me have been returned. On matter of unfinished business, which is very essential to her, please communicate with Mrs. Alice C. LeBlanc, R.N., R.F.D. No. 3, Winthrop, Maine.

**GRADUATES ST. AGNES' HOSPITAL:** Baltimore: Celebrating Nursing School's Golden Jubilee. Will send anniversary booklet to all graduates who write. Please communicate with Director of Nurses, St. Agnes' Hospital, Caton & Wilkens Ave., Baltimore 29, Md.





# The A.N.A. Replies

## A LETTER OF EXPLANATION

Dear Editor:

We have read with considerable interest your article entitled "A.N.A.'s Planned Placement" in the October 1945 issue of the publication *R.N.* We are disturbed to find several misconceptions and erroneous statements in the article. For your information, we would like to explain in this letter each of the various matters concerning which you appear to have been somewhat misinformed or inadequately informed.

1. On page 32 of your article you refer to the Comprehensive Program for Nationwide Action of the National Nursing Planning Committee. On page 33 you appear to confuse the placement and counseling program of the American Nurses' Association with the Comprehensive Program of the National Nursing Planning Committee. It may be true that the counseling and placement program of the American Nurses' Association may fulfill some of the objectives of the Comprehensive Program, but it is also true that the counseling and placement program is an independent project of the American Nurses' Association.


In this connection, you state on page 33, column 2, that your publication knows of no national plan of counseling and placement which has been submitted to the states. Please be advised that the American Nurses' Association's program of professional counseling and placement was approved by the House of Delegates at the biennial convention of the American Nurses' Association which was held in 1944. Furthermore, in the Spring of 1945 the

*R.N. recommends to each reader a careful reading of the accompanying letter. It came from the A.N.A. Professional Counseling & Placement Service, Inc., signed Margaret K. Stack, R.N., secretary, dated November 26th. We publish it without comment, believing that the official interpretation of policy should be of interest to nurses striving to understand this complicated program. Answer to R.N.'s chief question, posed in the October issue, still remains in the future. That question was, "How will this program affect or benefit the individual nurse?"—THE EDITORS.*


program in a more detailed form was again submitted by referendum to all of the State Nurses' Associations and was once more approved. The counseling and placement program of the American Nurses' Association is not, therefore, dependent upon any general approval which may have been given to the Comprehensive Program for Nationwide Action, but has been specifically approved on two occasions by the House of Delegates of the American Nurses' Association and by the State Nurses' Associations, respectively.

2. On page 34, column 2, of your article you state that the new corporation known as the American Nurses' Professional Counseling & Placement Service, Inc. has no legal connection with the American Nurses' Association, and that the latter organization is a membership corporation which cannot operate as an employment agency. This statement is wholly inaccurate in two

[Continued on page 72]

 Calligrapher



 calligrapher



## *Peace on Earth*

calling



# Counseling, Not Placement

DECEMBER  
26



REPORT FROM A VET

A NURSE, recently back from the Pacific and even more recently mustered out of the Army Nurse Corps, sends us a report of her activities in quest of a new job. She began in the state of confusion in which many veteran nurses find themselves when first re-entering civilian life, but determined to ask questions and explore all the advisory and guidance facilities offered for nurses.

Her experiences commenced at the Port of Debarkation where a Red Cross nursing committee representative greeted the returning A.N.C. group and urged them all to return to civilian nursing as soon as Army mustering-out was completed. "Civilian hospitals need you desperately," she said, and this was borne out in a conference with a local registrar. Our nurse went home, then took an assignment as a general duty nurse in a hospital nearby. The salary was \$90 a month plus \$30 for living-out. She was not sure that she wanted to do general duty but decided it was better to work than to worry.

"Conditions were exactly as they were before the war," she writes, "or perhaps a little worse. The hospital was not short of nurses numerically, but the work on the wards was organized so badly that four nurses were needed to do the work of one. In the Army we learned to consolidate our procedures to eliminate unnecessary steps and unnecessary carrying. It would have seemed to me that with a

nurse shortage at home civilian hospitals would also have learned time-saving methods and put them into practice."

After a month of this, our correspondent decided to go to New York and explore counseling and placement facilities there. In the back of her mind was the thought that industry or a doctor's office might offer interest and opportunity, and a change from unchanging ward routine. But, she needed facts—and advice.

Her first call was at the Veterans' Service Center on East 40th Street. "There were only men about," she writes, "some waiting in the comfortable looking lounge, others working at desks. In every lapel was a discharge pin, reminding me of the one I hadn't thought to wear. The young man who talked with me was cordial but said that at that office nothing was done for the nurses. He referred me to the Veterans' Administration on West 24th Street. I did not bother to go there as it did not sound very promising.

"Across the hall, over one of the doors, was a sign—'United States Employment Service.' Curiosity persuaded me to go in and almost immediately I found a desk marked for veterans. Upon inquiring as to where they referred nurses seeking positions, I was given a printed slip referring me to the Nurse Counseling and Placement Service on 57th Street.

"I confused this with the A.N.A.

Counseling and Placement Service, which is located in the same general neighborhood, and went instead to the A.N.A. headquarters at 1790 Broadway. Before going there I had telephoned for an appointment and was told that the A.N.A. did have a counseling and placement service and that I could see Miss Ella Best any time between nine and five.

"At the A.N.A. I was stopped at a reception desk and told that it was not Miss Best but a Miss Roser whom I should see. Miss Roser was busy at the time, but I was welcomed by the girls in her office and given pamphlets to read and information blanks to look at



and in general was ever so kindly treated. After a while Miss Roser came, took me into her private office, and asked me about my civilian experience before the war. She was very nice and made me feel at home and not in the least hurried.

"By this time I had decided to ask only general questions about employment and to get a line on what the placement and counseling facilities were rather than on a specific job, explaining of course my own vague employment ideas. We talked about practical nurses and the trend to educate R.N.'s to the extent that they were more and more desirous of better salaries and a way of living more comparable to that offered in other lines of work. I told her how Army nurses feel coming back to as little opportunity as we had before the war, and said that many of us think our increased technical

skills and overseas experience should fit us for a more important job and a better standard of living than we had previously.

"Miss Roser was sympathetic and said she was well aware that many nurse veterans now want to work in industry and offices just because of the hours and salaries. Most of the nurses who had been in to see her felt as I did about things, but Miss Roser thought that perhaps when their leaves were up they would be more interested in going back to hospital work. She explained that one of the purposes of the A.N.A. Professional Counseling and Placement Service was to fit veteran nurses into the spot best suited to their experiences. Through the organization's nationwide setup, she said, they could refer nurses to jobs in whatever section of the country work was desired. Had I been interested in making a job contact in New York that day, Miss Roser said she could refer me to specific hospitals where I could have an interview. She would not, she said, refer me to any other agency or bureau.

"I got the impression that the service was more counseling than placement, but since I had not asked for specific employment I could not be critical on that score. The overall effect on me was favorable. People were warm and friendly and seemed genuinely anxious to be helpful. I gathered that not too many nurses had been in and that those who had were as vague and uncertain as I was."

From the A.N.A. our nurse went next to the U.S.E.S. Nurse Counseling and Placement Bureau to which she had been referred originally. "I explained to the man at the desk that I was looking for information regarding the placing of nurses like myself. He told me each applicant was given a personal interview and then, according to requests from employers, would



be referred to available job openings. He gave me an application form and explained how it should be filled out. The point about this which interested me most was the fact that in describing 'Work Performed' we were asked to list work in the Army first and after that former civilian employment. I remarked that this was not the kind of information I had been asked at the A.N.A., where the emphasis was entirely on what I had done as a civilian. His reply was that U.S.E.S. considered it primarily important as all veterans had gotten so much out of their service experience."

Later, through a personal friend, our correspondent was referred to the chief nurse of an industrial hospital. This chief nurse said she employed nurses frequently, but did not use either of the counseling and placement services because "they fail to screen nurses adequately." She prefers a registry which has been operating in New York City for some time, specializes in industrial placements, and has the recommendation of the industrial nurses' association. This latter registry sends a staff member out to indi-

vidual plants to evaluate the setup so as to know their needs and the type of nurse desired.

Summing up her experiences, our correspondent concluded:

That an A.N.A. professional counselor perhaps should do more toward guiding the nurse's vague thinking into specific career channels.

That actual facts about salaries and living and working conditions in various parts of the country should be available for nurses calling on the A.N.A., as well as data on specialties.

That a professional counselor could be of extreme help if she had intimate knowledge of all the career possibilities in nursing and could discuss the veteran's experience in terms of specific opportunities to which it might be applied.

That there is little value in a referral to a hospital unless it is in another section of the country where the nurse could not make the contact herself.

That the entire program is still in a formative stage, but compensates for that somewhat by the friendliness of the individuals with whom the nurse comes in contact.



#### ALL THAT YOU ASK

Ah, you whose fate it is to stay behind,  
 Wrapped in the close embrace of Mother Earth,  
 Or in the caverns of the ocean's depth;  
 Your strong young bodies full of hope and mirth,  
 Have paid with all a human soul can give—  
 Your lives—surrendered to a noble task  
 That high ideals properly may live.  
 Your parting wish is small. All that you ask  
 Is not to die in vain. You ask that we  
 Shall carry on your fight for liberty.

—WANDA DOMZELLA HAESNER, R.N.



# Little Things That Count

BY RUTH B. SCOTT, R.N.



WHAT makes a good nurse? This question has been the basis of much thought and discussion, and many articles have been written about nursing education and preparation. Doctors have given the answer in terms of "medical knowledge mixed with obedience." Directors of nursing schools have given the answer in terms of curriculum content. But the average patient, when asked, will usually refer to a specific nurse who has cared for him and say, "She took good care of me. She was so kind and thoughtful, I looked forward to having her come into my room."

Sometimes in this day and age when the emphasis is on education, we fail to remember that the prerequisite, from the patient's point of view, is the nurse he looked forward to having come to his bedside to give him care.

Because of the shortage of nurses during the war, and because there was so much acute nursing care to be given, many of us have been too busy to take that extra moment to humanize bedside nursing. Scientifically, a medication should be equally beneficial to the patient whether he receives it from a steady hand and a deadpan expression, or from the nurse with the intelligent smile. But psychologically and actually, this is not the case. The patient benefits not only by the effects of the medication, but by the warmth and encouragement he receives from his nurse as well.

Courtesy and kindness take time, but courtesy and kindness can save time, too. Many nurses who have been overworked in the understaffed hospitals the past few years, have not been satisfied with the care they have had time to give. Some of them thought that when the emergency was over they would make it up to themselves and to their future patients by taking time to do the little things which mean so much. So few nurses, however, have realized that time out for small attentions now will save a great deal of time in caring for a patient in the long run. The patient who has had the nurse stop and give him a drink of water, hand him a book or magazine from the lower part of the bedside table, turn his pillow and make him comfortable is going to be more cooperative. The nurse who performs all these little services cheerfully and not as if she begrudged the time, is also going to find that her patient will be less demanding of her attention in her busiest moments. If he likes his nurse he will want to help her if he can.

Kindness, in giving nursing treatments, involves three factors: the psychological, the equipment, and the skill. Fear of the unknown is relaxed by a few words of explanation, and with relaxation there is less pain. Nursing proceedings are repeated so many times that we often forget that to each new patient a treatment may be strange and frightening. Bertha Har-

mer, when an instructor, used to begin each demonstration by saying, "First, reassure your patient." This becomes increasingly important as hospital equipment becomes more complicated and—to the patient—more frightening. Oxygen tents, Wangensteens and infusions lose some of their terror with a few words of explanation, and the reassured patient is the cooperative patient who is not only of help to himself in his recovery but of help to his nurse in his understanding of the care she is giving him.

Equipment, even in the best institutions, is sometimes not in the best repair. Dull razor blades, dull or hooked hypodermic needles are clumsy tools with which to work. The nurse who has tried to give a preoperative prep with a dull razor blade has not only caused the patient discomfort but has taken many unnecessary extra minutes to complete the procedure. With a dull hypodermic needle jabbed into him, who can blame the patient who fusses about his second shot when the first one has caused him needless discomfort. Again, from the point of view of saving the nurse time, it has taken longer in the aggregate to argue the patient into the second shot than it would have taken to sharpen the needle or write out a requisition to have

it sharpened if there are no facilities in the ward.

Skill begins with understanding, and makes progress with practice, but it takes an understanding heart for successful treatment that knows where



the patient hurts and what to do about it.

Giving a medication presents many opportunities for kindness and understanding on the part of the nurse: A slice of orange to clear the mouth after cod liver oil or mineral oil has been taken. Suggesting to the patient that he hold his nose while taking a strong smelling medicine. Seeing that cod liver oil is placed in the refrigerator to make it less disagreeable to take. All are little things, but put together they add up to good nursing practice.

A nurse should know the most acceptable way to present medication ordered for her patient. Lujol's solution

**I**f there is any work which is simple stern necessity it is that of waiting upon the sick and wounded after a battle—serving in war hospitals, attending to and managing the thousand-and-one hard, dry, practical details which nevertheless mainly determine the question as to whether your sick and wounded shall live or die. Those who undertake such work must not be sentimental enthusiasts, but downright lovers of hard work. If there is any nonsense in people's ideas of what hospital nursing is, one day of real duty will root it out. There are things to be done and seen which at once separate the true metal from the tinkling brass both among men and women.—FLOR-  
ENCE NIGHTINGALE, AT THE OUTBREAK OF THE FRANCO-PRUSSIAN WAR,  
JULY 1870.

tastes vile in water, but in a glassful of milk it is scarcely noticed. Many patients cannot swallow castor oil, but the addition of a dash of lemon juice and a pinch of soda will produce an effervescent mixture which, to many, is not distasteful.

Serving of meals in a busy ward is an unwelcome interruption, yet food which is served attractively is more apt to be eaten even though the patient may not have much appetite. Again, in the long run it saves time to whip up fluffy mashed potatoes with a little milk or butter, to see that the gravy doesn't spill or overflow, to make sure that the coffee cup is not filled to slop over and, above all, to be sure that the food is hot. It may take a few minutes more to prepare an attractive tray, but once the nurse has served it her patient will very likely eat his dinner without complaint. The cold, sloppy meal will be returned to the kitchen untouched or, more likely, the patient will make many demands for bread or milk, or to have some article of food taken off his tray. All this takes time and means many trips to the kitchen. Above all, the nurse should not lose sight of the basic reason for serving the meal—to nourish the patient. Food does him no good if he hasn't eaten any and he will, in addition, be more cantankerous and demanding as a result.

Sick people are abnormally sensitive and the nurse must continually guard her words, her voice and even her gestures. A good nurse realizes this and will lend a sympathetic ear to a little complaint each day but at the same time will try to stimulate her patient to have other interests which will take his mind off his ills. Many patients have talked in glowing terms about the intelligence of a nurse who has cared for them. A good nurse is one who listens to her patient with interest while her skilled hands perform

the nursing care which promotes his comfort and aids his recovery.

The mechanics of nursing care are dependent upon good teaching, aptitude, and painstaking practice. It is the mechanics of nursing care on which the patient and the doctor rely for successful treatment. But mechanics alone are not sufficient for the patient, the doctor, or the nurse. Just as willing hands and a kind heart are not sufficient to nursing care, so too are the mechanical arts of nursing insufficient for satisfactory nursing care unless they are accompanied by kindness and thoughtfulness. Any nurse who has herself been a patient, would appreciate not only good nursing care but the encouragement which accompanied the treatment. The nurse who puts herself in the patient's place and asks sincerely, "Would I like to be the nurse who cares for me?" would probably find that she ought to take a few extra minutes to be kind not only for the sake of her patient but for her own sake in accomplishing her professional duties to the best of her ability with optimum results.

If a group of patients were to get to-



gether and draw up specifications for the ideal nurse, she would be well educated to carry out her special duties, and she would be well fitted to carry them out, by virtue of her personality and her attitudes toward her work. Nurses are people with human failings and human frailties, but patients are people too.



*Left: Sukiyaki is a combination of thinly sliced beef and native crisp vegetables. Lt. Emma Benedict, Salem, O., successfully mastered her first bite. Then she drew a deep breath and prayed for the same luck on her next try.*



*Right: In Tokyo, entertainment is an essential part of the dinner. During this meal, a Japanese ballet troupe performed ancient legends in pantomime to the accompaniment of native music. An announcer interpreted each legend in English.*

## ***Dinner with Chopsticks***

**BY MARY JOSE**

*Left: After dinner, Lt. June Hunter of Sweet Chalybeate, Va., went back stage to meet one of the dancers. The headdress is an ornate floral arrangement of metal and glass.*



*Right: To Lt. Inex Moffitt, overseas three years, chopstick eating is a far cry from Kansas City. She practiced first on small morsels of relish.*





**A** MERICAN Army nurses had been in Japan's capital nearly a month before they had time to shop in the Ginza or taste native food. For the first time in their lives they ate with chopsticks! Dinner began with tasty relishes and pickled fish, followed by clear soup. Ingredients for sukiyaki (pronounced skee-ah-kee) were brought to the table raw and cooked in fat and soy sauce over a charcoal brazier in the center of the table. To keep food hot and fresh, only small portions are cooked and served at a time. Suki-yaki is served in a bowl in which a raw egg, without seasoning, has first been beaten with chopsticks.





# Reviewing the News

## STRETCHING IT THIN

• To fulfill the minimum standard accepted by United States health authorities, at least one public health nurse is needed for every 2,000 to 5,000 people. According to the N.O.P.H.N., however, the pathetic truth of the matter is that there is only one to every 8,300. Actually, there are even less, since there are in the entire country only 20,818 public health nurses and the distribution of public health nurses according to population varies in different section of the U.S.

In the East, for instance, there is one public health nurse to every 2,900 people in an eastern State while in a southwestern State, there is one for every 18,300.

The statistical findings of the U.S. Public Health Service reveal an increase of 21.5 per cent since 1941 in the number of nurses employed by rural health departments, while the number in urban health departments has increased by 14.3 per cent. The number of nurses employed for work in schools by boards of education also increased, although the number of



nurses in non-official urban health agencies—usually visiting nurse associations—decreased 21.9 per cent. The figures show that the total number of public health nurses for the country as a whole remained static during the war period, although more than 3,000

public health nurses joined the armed forces.

While nine hundred and nine counties have no rural public health nursing service whatsoever, their lack is explained, not by budgetary deficiencies, but by the unavailability of public health nurses.

## EYE FOR AN EYE

• One of the most fantastic and wonderful drives for memberships and contributions is that now being nationally conducted by the Eye-Bank for



Sight Restoration, Inc., 210 East 64th Street, in New York City. Their goal is the restoration of vision of an estimated ten to fifteen thousand persons blinded because of corneal infections.

One of the reasons for the founding of the bank was to educate more American surgeons in the methods used in making corneal graft operations which involve the replacement of a clouded cornea by a clear cornea. Another function the bank serves is to collect and distribute corneal tissue so that blind persons desiring a corneal graft operation may not have to wait many months for an available cornea.

Since the inception of the bank, the time in which corneal tissue can be preserved and made available for transplantation has been extended from forty-eight to seventy-two hours. In



New York, where some forty-nine hospitals cooperate with the bank, healthy corneas are rushed by Red Cross Motor Corps to the bank as soon as they are made available and they are prepared for those who need them.



For its activities, and for their extension throughout the nation and for the establishment of fellowships and scholarships to train surgeons to perform the corneal graft operation, the bank has launched a campaign to get memberships and contributions. The memberships range from \$1 to \$3,500 or more and one may subscribe to any one of six classes of membership in the bank and/or donate to the bank at the time of death both or either of one's eyes.

A booklet describing their work in greater detail can be obtained from the bank's headquarters by writing for it.

#### **ONE, TWO, THREE . . . OUT**

• By the end of 1945, indications are that the Army Nurse Corps will be reduced in strength to 32,000. Much unhappiness and misunderstanding has arisen, however, over the forced release of qualified nurses who have expressed a desire to remain in the Corps and who, by their experience and ability, would make excellent material for permanent appointments. Their failure to obtain information concerning the Regular Army may be explained by the fact that until the enactment of legislation determining the size of the peacetime Army and the status of members

of the A.N.C., its requirements cannot be estimated.

Nurses who have an efficiency rating of 35 or better may be retained if they wish, but because of unduly low marks given to many nurses by their superiors, this policy is working many hardships. It has been recommended that nurses with efficiency ratings of 32 or over be retained if they want to remain in the A.N.C. and that they submit a "Statement of Interest" to the Adjutant General. Those nurses who do file such a statement will be given priority consideration for appointment in filling the A.N.C. quota.

#### **YEN FOR A BETTER LIFE**

• Life is not all rosy for the nurses of Nippon. In a bulletin "from our hearts" nurses of the Japanese Metropolitan Hospital in Tokyo petitioned the management for a raise in pay. They protested that "We can no longer submit tamely to beast-like treatment."

Patients as well as hospital officials are in receipt of mimeographed leaflets which demand 1) Thirty per cent more pay. (They now receive 45 yen—approximately \$3—monthly); 2) Some soap and a place to take a bath; 3) New nurse's robes twice a year; 4) And "Can't someone please fix leaks in the roof?"

According to the hospital director, the 125 petitioning nurses were behaving like "angry children." It was, he said, only a misunderstanding, anyway.

#### **TOP-TALK**

• Early in November, Captain Sue S. Dauser retired from the Navy Nurse Corps. As its Director since 1939, when the Corps numbered only 436, she helped it grow to a strength of 11,000 by V-J Day. In the Corps twenty-eight years, Captain Dauser was the first woman to wear the four gold stripes of

a Navy Captain on the sleeves of her blue uniform and, now that her wartime job is done, Miss Dauser plans to lay aside that uniform and return to her home in Anaheim, California.

Her successor as administrator of the Navy Nurse Corps is Lt. Cmdr. Nellie Jane DeWitt, of Susquehanna, Pennsylvania, who came to Washington from Hawaii, where, for the past year, she had been in charge of nursing activities at the U.S. Naval Hospital at Aiea Heights, with special duties as Senior Nurse on the Islands.

Colonel Florence A. Blanchfield, Superintendent of the Army Nurse Corps, who is also due for retirement this year, is staying at her post, at the request of Surgeon General Norman Kirk, until postwar legislation is approved for the Corps.

#### WEIGHED IN THE BALANCE . . .

- From the Paris-edited, Government-sponsored magazine for women in the ETO, *Overseas Woman*, comes a provocative article on Army nurses, entitled "Will they go back to it?" "It" is civilian nursing.

Staff writer Margaret Peters checked the opinions of nurses in four General Hospitals who had served overseas three years or more and reported that the majority seemed to feel they had "come to a parting of the ways with the career of nursing." They had, she says, "seriously weighed the nursing profession, in terms of current conditions and . . . found it wanting."

After the freedom and initiative allowed them under military conditions Army nurses were reluctant to go back to the restricted life of civilian nurses.

"If I were to go back to civilian nursing now, after my Army work," one nurse told Miss Peters, "I'd be going back to less responsibility and to a greater number of people supervising me."

In addition, there is a difference in the pay of an Army nurse and a civilian nurse. A nurse in the Army receives at least \$150 a month, full maintenance and her essential clothing. In civilian hospital nursing, she was getting \$75 a month and maintenance.

Some nurses who are giving up their profession have already made other plans, says *Overseas Woman*. Many will take advantage of the educational benefits allowed veterans under the G.I. Bill of Rights to go to college and prepare for another career—medical research, for instance, or law. Others who have been taking the two-month course in dressmaking at the Paris School of Dress Design have laid the groundwork for careers in the fashion field, and one nurse has been saving up during her three years in the Army to study tea room management and set up her own business.

"Unlike the reaction of most of the people in this Army," the article concludes, "nurses have found that there are such things as freedom, responsibility, and respect for the individual."

#### END OF A PROGRAM

- With the need of nurses decreasing, the Army and Navy have decided to discontinue the use of Senior Cadet nurses in their hospitals and facilities for a six months training period. The last group of Cadets will enter Naval hospitals in January and complete their instruction in June. Only those students whose applications for the Army were submitted by September 2nd will be admitted to the Army's hospitals up to February 15, 1946. Some of these 400 eligible Cadets are already on duty with the Army.

A very high number of Senior Cadets have completed their program in Army and Navy hospitals. Of 5,449 Senior Cadets assigned to the Army, only sixty-three terminated their pro-

gram prior to the date of completion.

The number of pre-completion terminations ran only slightly higher in proportion in Navy hospitals—13 out of 479 Senior Cadets enrolled. Aside from unsatisfactory work and inability to adjust to military discipline, most resignations were caused by ill health, illness or hardship in the family, and marriage (against school policy).

#### REVAMPING V.A.

- After weeks of hearings and committee studies, a bill for the reorganization of the medical setup of the Veterans' Administration is on its way to becoming a reality. This legislation, proposed by the House World War Legislative Committee, should come up for Congressional consideration some time during December. It would establish a Department of Medicine and Surgery in the Veterans' Administration.

As it is written, the bill will give the Administrator of Veteran Affairs authority to appoint nurses and other medical personnel without reference to Civil Service requirements, although all personnel appointed would have Civil Service rights and their pay scales generally would follow Civil Service classifications.

Direction of the revised Department would be vested in a \$12,000 a year Chief Medical Director who, through a deputy and eight assistant medical directors, would exercise authority over Veterans' Administration medical, dental, nursing, and auxiliary services.

The Administrator will have the authority to appoint a qualified R.N. to the post of Director of the Nursing Service, "responsible to the Chief Med-

ical Director for the operation of the Nursing Service." Her annual salary would be \$8,000 and her term of office four years, with reappointment for like periods.

All nursing personnel will be appointed. They must "have successfully completed a course of nursing at a recognized school of nursing, approved by the Administrator, and must be registered as a graduate nurse." The bill provides for several grades of nurses: assistant director, starting salary \$5,180; senior grade, with salaries starting at \$4,300; full-grade, starting at \$3,640; associate grade, \$2,980; and junior grade, \$2,320.

Nurses now in the Veterans' Administration, and having Civil Service status, will be appointed to the reorganized Nursing Service "upon certification of satisfactory service by the manager of the hospital, home or center where [they] are employed."



*"Hmmm—I'd better call a doctor!"*

# Britain's Nursing Crisis

BY LUCY McMANUS



LAST month Britain's Parliament took time out from other pressing business to discuss nursing. The country is short 30,000 nurses, they said, and promised a survey to give M.P.'s more detailed facts and figures on the nursing situation throughout United Kingdom.

As a preliminary, the Socialist Medical Association in London analyzed the nursing shortage with the conclusion that "The exploitation of the nurse has now recoiled upon the patient." The association asks a public inquiry into the adequacy of care now given, and states: "The remedy for shortage of labour must be sought in improvement of the conditions and prospects of nurses and hospital workers rather than in controlled direction." Causes which have contributed to the shortage, according to S.M.A., are low status, poor living conditions, segregation from the world, illness, overwork, and "frustration of the nurse's desire to care for patients."

Commenting on the situation, the London *Lancet* editorializes as follows:

"Student nurses, if they were relieved of non-nursing duties, could be given a thorough basic training in two years, and be eligible after that time for statutory qualification on passing a test. Those who wish to become ward sisters or to specialize in teaching, public health, or midwifery, would undergo a further period of training and the S.M.A. advocate compulsory training

in personnel management and in teaching for ward sisters. The salary of the qualified nurse should compare favourably with the rewards of other professions. . ."

The *Lancet* supports the S.M.A. emphasis on improving the financial position of ward sisters and the association's recommendation that "in every training school there should be a standing committee representing all members of the medical and nursing staff who have to do with the teaching and training of nurses." Says the magazine, "What nurses are to learn should be decided by an analysis of the work they now do, while in training and after, with a view to deciding what falls outside their proper province, and also what is at present left undone—and untaught—which good nurses know to be essential to the well-being of patients . . . Nurses themselves would have much to contribute on this topic if they had democratic means to express their views, and [we] would like to see an elected nursing committee in each hospital, with power to send representations to each of the hospital committees."

Other phases of the nursing picture which came up for criticism were the administrative machinery in hospitals and the General Nursing Council itself which, the S.M.A. feels, is "unsatisfactory as constituted." The association believes that the composition and scope of "an administrative body competent

to deal with the needs of the country as a whole" should be studied in the course of the inquiry which has been recommended. S.M.A. is in favor of the three-shift working day, the right of nurses to choose where they will live, and the proposal that nurses' homes and hostels "should be run by a warden selected for the post and assisted by a house-committee of residents . . . Welfare supervisors should look after the welfare and recreation of the nurses."

While the British public waits for tangible results, the British press has taken up the cause in its letter-to-the-editor columns. Here is a typical comment from a well-informed physician:

"It seems to me that the General Nursing Council must be made to review its regulations and stipulations.

"In six years in the Royal Air Force I have come across many male and female orderlies who had an excellent practical knowledge of nursing, who are keen on nursing, and who would like to continue nursing. One girl recently asked me to see what I could do for her as she wished to become a State-registered nurse. She has done six years, and for five of these she has been working in a R.A.F. hospital. She has been doing work, in the last three years, equivalent at least to that of a last-year probationer, and sometimes with more responsibility, for she has been in charge of the ward in the absence of the sister. Her practical knowledge is at least equal to that of one who has been training for three years in a hospital recognised by the General Nursing Council. I wrote to a hospital asking the conditions under which she could be taken in. The reply I received was that if she wished to be a State-registered nurse she must start again from the beginning, become accepted as a probationer, and go through a further three years' training.

"Quite recently the General Nursing Council has stated that it will give such people six months' credit. That is a meagre and entirely inadequate gesture. Here is a girl, typical of many, who is being discouraged from taking up nursing and becoming qualified. Surely she should be allowed to sit an examination, and according to the standard she shows in that examination she should be assessed the further training required before she can sit her State-registration examination. As I say, she is typical of dozens of men and women whom I have met and who are anxious to continue nursing. . ."

In another letter-to-the-editor, the



medical officer of public health for the city of Plymouth reports approval by the General Nursing Council of a proposal to establish a four-year nursing course in collaboration with the three municipal hospitals. He says:

"The city council had under consideration the training of student nurses and the staffing difficulties of hospitals, and have come to the conclusion that the most promising method of improvement of the staffing position is to make nurses' training as attractive as possible. . ."

The course provides eight weeks preliminary training, then twelve months in general service, six months on isolation, six months on orthopedics, three months on tuberculosis, and the final year on general service again. The last six months are to be devoted to electives, including maternity, public

[Continued on page 102]



# Letter from Germany

November 17, 1945

THE public health program over here seems to be crumbling so far as the nurses are concerned. There are rumors of friction between the top nurses and the powers that be. At any rate, Major Setzler and Captain Pannell are sailing for home on one of the Queens, on or about December 1st. They are not being replaced. Major Setzler is now finishing up her program of reopening the German nursing schools. Not many are being reopened because they aren't meeting the American demands as to standards.

Lt. Col. Margaret K. Schafer has succeeded Lt. Col. Danielson here as Chief Nurse of the ETO. Col. Danielson left for the States about November 1st. Col. Schafer was formerly Director of the Nursing Division for the U.K. Base. She is well versed in the nursing profession: she graduated from St. Joseph's Graduate School of Nursing, Sioux City, Iowa; she completed extensive work in nursing education and administration at the University of Minnesota, and before joining the Army she was a member of the faculty of the School of Nursing at the University of Michigan. She has risen steadily in the A.N.C. She came overseas as chief nurse of the 298th General Hospital, a unit affiliated with the University of Michigan, landed in England in October 1942, and became head of the Western Base District in September 1943. She became Director of U.K. Nurses in September 1944.

Here are a few facts and figures I picked up on a 1,200-mile jeep ride through Southern Germany and Austria:

Most nurses just plain want to go



home. Most hospitals are having wholesale shifts in nurses at present because many of them have enough points to qualify either for discharge or service in the States. Very, very few are volunteering for further Army of Occupation duty.

Capt. Martha E. Pearson of Teaneck, N.J., assistant chief nurse at the 97th General Hospital here in Frankfurt, told me that nurses in this unit were staying for two reasons:

1. Because they have a husband, friend or fiance in this theatre. (One nurse with 55 points volunteered for the Army of Occupation immediately after her marriage to an American officer stationed in Frankfurt.)

2. To see the country.

At the 216th General Hospital, Captain Clyde R. Strange of Titusville, Fla., chief nurse, added a third reason. She said one of her nurses had volunteered because, as she had no family and there was a job uncertainty back home, by remaining here she could save more money. The 216th is located in Stuttgart.

These are the only three reasons I have heard advanced for remaining in the ETO. There may be others but these three seemingly cover the most cases.

Capt. Pearson of the 97th, told me that "Our nurses are working harder than they did in England during the war." She went on to explain that the



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NURSE.....

ADDRESS.....

RND

patient load is heavy, often as many as 900 patients, and that the hospital wards are small: five, six, eighteen, and twenty-bed wards as compared to the labor-saving thirty-bed wards of the 97th's English installation. (Incidentally, this is a point that many hospitals dislike. Our Army of Occupation units are operating, in many cases, in



civilian hospitals which were designed for private practice and whose wards are not sizable enough for nurse-energy saving on the mass treatment basis that the Army emphasizes.)

Many of the patients at the 97th are accident victims. All over the ETO there is an ungodly lot of accidents. Jeeps are particularly to blame. The 97th has around 100 patients on an average in its orthopedic wards alone. Mostly jeep accidents. A colonel told me the other day that, in proportion to the number of patients, he's had more deaths recently than he had during combat—all accidents. Some mild campaigns are being waged against reckless driving now.

At the 216th, Capt. Strange told me that her nurses wanted to go home. They admit that their living conditions are excellent, the hospital is a good one, they have more social engagements than they can meet (invitations from divisions in the area), but they still want to go home. They were in an orthopedic hospital in Britain. The 216th is in a bomb-damaged German civilian hospital with a connecting network of underground passages that is

excellent. Capt. Strange said, "We have many conveniences we had almost forgotten. We live in quarters designed for German nurses. The rooms have steam heat and a sink to each room."

In Regensburg, I visited the 250th Station. They had 744 patients the morning I was there. New eight-room nurses' quarters are being constructed. Capt. Alice L. Larsen of Woodstock, Ill., said they were getting only a few volunteers. Their living conditions are much better than before V-E Day when they were in Salisbury, England, living in tents, three nurses to a tent. The tents, she added, however, were comfortable. The new quarters are not to be elaborate, but on the same idea as the nurses' quarters for station hospitals in the States. This hospital is set up on a site taken over from a church-affiliated hospital. Some of the monks and nuns still inhabit specified sections of the hospital and it is not unusual to see one of them hurrying about the halls of the hospital in full clerical regalia.

The 124th General is located near Salzburg, Austria. It probably is the No. 1 scenic setting of all our units. It's not operative at the moment, and Chief Nurse Capt. Alice R. Dalton of Whitensville, Mass., was in the States on thirty-day furlough (she signed for six months more) when I was there. The hospital is occupying Bavarian-type barracks which were built for S.S. troops and was also used as a training school for ski troops. 1st Lt. Virginia M. Scroggins of Rhome, Texas is acting in the absence of Capt. Dalton. The Bavarian Alps are all around this site. The nurses, however, are used to the picturesque; they were stationed near Torquay in England. Their biggest complaint—they are tired of doing nothing.

Incidentally, thirty Wacs are on duty

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in the 97th General as nurses' aides. Most of them are just over from the States, but had experience in hospital work in the U.S. Capt. Pearson says they are competent. Theoretically, they do everything except give medications. The 98th General at Munich also has a detachment.

The most unusual hospital I visited was the 112th Evac. It is located on the Chiemsee in what is said to have been a very, very expensive resort hotel that was taken over by the Nazis for a hospital after the war began. At any rate it is on the autobahn about midway between Salzburg and Munich. A long, low rambling structure, very ornate in appearance.

Its most striking feature is the fact that it is built right on the huge lake. The men, during the summer, actually fished from the stone veranda at the rear of the hospital. There was also swimming and boating. The nurses said they had moved from only a short distance away where they were set up in tents in the "worst mudhole in the ETO." The new location was so nice that they hated to walk into the rooms in their muddy combat boots. The assistant chief nurse said she thought it was nicer than the 108th in Paris and then refused to be quoted. I rather liked the reply 2nd Lt. Pat M. Doherty made to a question as to whether

there were fish in the lake. "Yes," she said, "I think there are a lot of pike, that is if a pike is a fish with a homely face and teeth in it." The hospital also has horseback riding for the recreation of its personnel. These are all unusual conveniences for an evac hospital.

You can expect to hear some kicks soon about Luise Oertzen, former German Red Cross nursing director. So far as I know, she is being taken back to her old job regardless of the fact that she was self-confessedly a Nazi.—S/Sgt. W. K. DAETWYLER.

## **The A.N.A. Replies**

[Continued from page 51]

respects. In the first place, the new corporation is, like the American Journal of Nursing, a wholly owned subsidiary of the American Nurses' Association. In other words, all of the stock of the new corporation is owned by the American Nurses' Association. This fact would not, of course, appear merely from examining the papers on file with the Secretary of State in Albany, New York, since the Secretary of State does not keep a record of the ownership of the stock of New York corporations. However, we believe that you should have made some inquiries before making such a categorical statement, and



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we would have been very glad to give you the necessary information on the subject.

In the second place, the new corporation was not organized because of any legal incapacity of the American Nurses' Association to conduct the business of a placement and counseling service, but merely because the American Nurses' Association was advised by its legal counsel that it would be desirable to set up the new activities as a separate organization similar to the American Journal of Nursing. This recommendation of counsel was approved by the referendum of State Nurses' Associations referred to hereinabove.

3. On pages 35 and 78 of your article, you set forth certain provisions of the Certificate of Incorporation of the American Nurses' Association Professional Counseling & Placement Service, Inc. and appear to infer that all of the various powers therein conferred upon the corporation may be part of its regular and ordinary day-to-day business. Inasmuch as you are not an attorney, our counsel has supplied an explanation of these provisions. The first five paragraphs which you quoted (page 35, column 1) constitute what are technically known as the "specific purpose" clauses of the Certificate of Incorporation. These clauses set forth

the principal and primary business which the corporation is organized to conduct. It was our original intention that the purpose clauses be confined to some such language as is contained in these paragraphs.

However, we were advised by our counsel that, as a legal matter, it is exceedingly dangerous to refer to nothing but the principal business of a corporation in the Certificate of Incorporation. We were warned that special occasions may arise when particular legal powers may be required, and that it has become customary in the organization of modern corporations to insert additional provisions giving the corporation a wide range of so-called "general powers" which may be used if and when the occasion arises. Indeed, we were advised that to a large extent even the language of these so-called "general purpose clauses" has become standardized. Upon the urgent advice of counsel, therefore, we agreed to the insertion of a number of such general purpose clauses in addition to and immediately following the specific purpose clauses. These general purpose clauses are quoted by you on page 35, column 2, and page 78 of your article. Our counsel pointed out to us that the matters referred to in the general purpose clauses were to be regarded more in the nature of powers than as pur-



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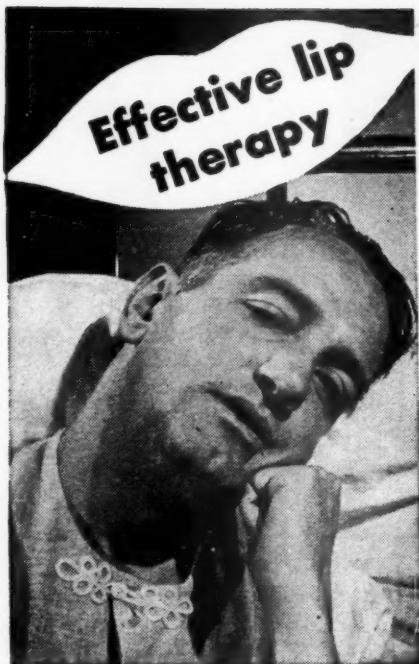
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poses, and that the purpose of their insertion was to assure the corporation that under all circumstances it would be able to carry out effectively the purposes set forth in the specific purpose clauses.

4. You state on page 80 that the new corporation has applied for a license as an employment agency in the City of New York, but that the license has not been granted. This statement is literally true. However, you fail to add what you might have ascertained by inquiry, namely, that the American Nurses' Association has been advised by its counsel that the ground on which the license was denied—namely, that the commercial registries are entitled to protection from competition by the new corporation—is, in their opinion, legally unsound, and that the Corporation is not even required to obtain a license according to express provisions of New York law. You also fail to state that a contrary and favorable ruling was given by the State of Illinois, and that no unfavorable rulings have been made anywhere except in the City of New York. We consider that these additional statements should be made in order to give a fair and accurate picture of the entire situation.

5. On page 82, column 2, of your article you state that the American Nurses' Association Professional Counseling & Placement Service, Inc. can, according to its articles of incorporation, engage in money making activities totally unconnected with its counselling and placement service. We have already stated hereinabove that the provisions to which you refer were inserted only at the advice of counsel and merely for the purpose of insuring that the new corporation would have adequate powers to carry out its function of counseling and placement.

[Turn the page]

W. N. BARRINGER, M. D.  
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Feb. 2 1945

B

Nurse-

Tell the patient to gargle  
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day. This should clear her throat  
up very soon.

B.

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However, in addition thereto, you should be advised that the By-Laws of the corporation specifically provide that the business of the corporation shall be operated on a non-profit basis, and both the Board of Directors and the officers of the new corporation have asserted their intention of conducting the business of the new corporation strictly on such basis in accordance with said provision of the By-Laws.

6. On page 84 of your article you state that if 50,000 veterans were tested, examined, counseled *and placed* by the corporation its income would amount to \$1,000,000. This sentence is misleading in several respects. In the first place, the Service will receive no fee for the *placement* of veterans. The veterans, like anyone else, will be placed free of charge.

Secondly, your hypothesis that 50,000 veterans may be counseled is entirely unrealistic. As you may know, the federal government's experience with the educational opportunities available under the so-called G.I. Bill of Rights has shown that only a very small fraction of veterans take advantage of the privileges which are offered them. While it is to be hoped that a larger percentage will use the counseling facilities which are made available to them under the contract of the Service with the Veterans' Administration,

it is extremely unlikely that the number counseled will approach 50,000. By and large, it may be expected that many nurse veterans will know what they wish to do and how to plan to go about doing it. This does not mean that the program is not of great importance, nor that it will not be vital to the nurse who takes advantage of it any more than hospitals are unimportant because only a small fraction of the population is hospitalized at any one time. What it does mean is that, in any computation of the amount of money to be received, it is meaningless to use figures as large as those referred to in your article.

Thirdly, the rate of \$20.00 which you mention on page 84 was fixed by the Veterans' Administration as the amount that would probably be sufficient to provide reimbursement for the actual expenses of the counseling of the veterans. Counseling of veterans is considerably more expensive than ordinary counseling, inasmuch as government requirements must be followed strictly, standardized tests must be administered and even a medical examination must be provided if necessary. In addition, there is a provision in the contract with the Veterans' Administration by which the federal government can reduce the rate if it should appear to have been set at an



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unduly high amount. As you may know, the federal government has been extremely active in invoking repricing and renegotiation provisions of contracts, and would never permit the Service to obtain anything like the amount of money to which you refer on page 84 of your article. Furthermore, the non-profit provisions of the By-Laws, to which we have referred hereinabove, would alone be sufficient to prevent the Service from making any profit from its agreement with the Veterans' Administration.

7. Finally, on pages 86 and 87 of your article, you state that the Service will be called "monopolistic" and "socialistic," that nurses will rise in protest against "centralized control" and that veteran nurses will ask how the project "was permitted to get under way." All of these statements give rise to an inference—which you do not dis-

claim—to the effect that the Service is some sort of monopoly which has been forced upon the membership of the American Nurses' Association against its will. There is no element of truth in any such inference.

In the first place, the professional counseling and placement service program is the result of at least fifteen years' investigation and discussion. Committees of the American Nurses' Association and of the various State Nurses' Associations investigated the matter and reported to conventions of their memberships. Large numbers of members insisted that the organized nursing profession should do something to free nurses from total dependence upon commercial registries and to make available to them a low cost placement service. Officials of the various associations responded by pointing out what would be involved in the way

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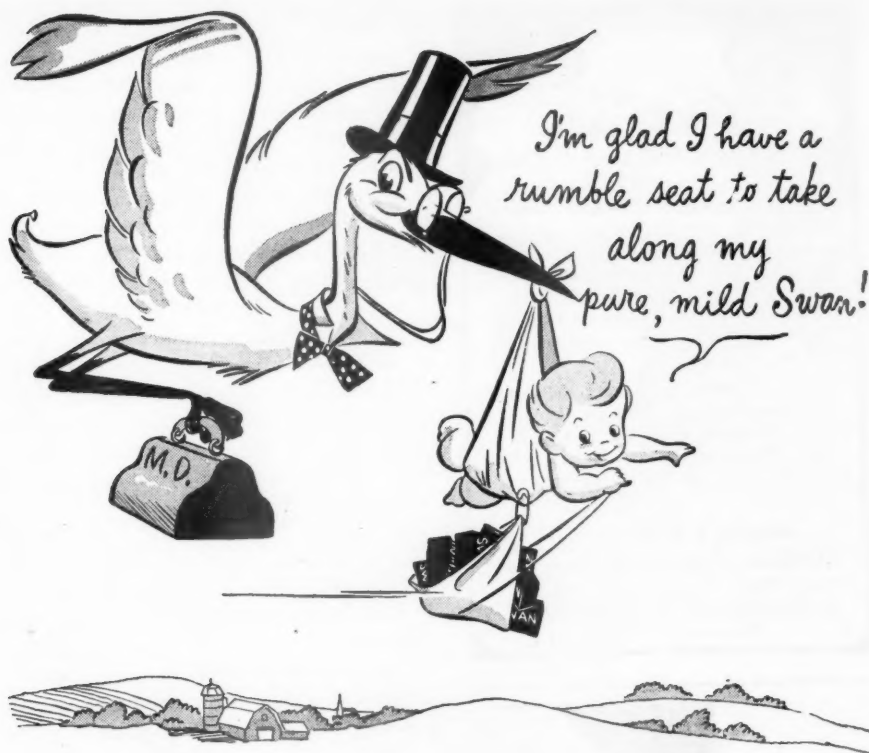
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of costs and expenses. The American Nurses' Association itself conducted a preliminary experiment in Chicago before deciding upon the nationwide program. It was only after the completion of this experiment in Chicago, and after approval by both the House of Delegates of the American Nurses' Association and the referendum of the State Nurses' Associations, that the nationwide program was instituted.

In the second place, the new program will not be monopolistic in any sense of the word. Cooperation in the program by the various State and District Nurses' Associations depends entirely upon those Associations. The individual nurse will remain entirely free to consult the Service or to go to any other registry or employment agency which she may desire to use. Even if the nurse goes to the Service, she is under no obligation whatsoever to take its advice or to accept any position which may be suggested to her. The Service will in all instances endeavor to refer nurse applicants to positions of the type and in the location which they desire. It is only in the event that no such positions are available that the Service would suggest to the nurse the advisability of taking some other position.

So far as the national organization is concerned, its function will be largely to coordinate the work of the existing registries. There has long been a demand for this type of coordinating work. The existing registries, as you know, are operated almost exclusively on a local basis. A hospital in California could be in need of a new superintendent and a superintendent in New York could be extremely anxious for a position, and there would be no way of putting the two in touch with each other if there were no national clearing house for information of that



**1st STUDENT NURSE:**  
*SCRUB! SCRUB! SCRUB! MY  
HANDS ARE CLEAN AS CAN BE  
...BUT THEY FEEL TERRIBLE!  
SO ROUGH AND SCRATCHY!*

**2nd STUDENT NURSE:** *GET  
PACQUINS. IT WAS MADE  
ESPECIALLY FOR DOCTORS  
AND NURSES. IT'S SOFTENING  
...BUT NOT GREASY!*

● Yes, Nurse, snowy, fragrant Pacquins Hand Cream will help keep your hands smooth and comfortable in spite of 30 to 40 soapy-water scrubbing a day. You'll find Pacquins pleasant to use too...not at all sticky or greasy. Ask for Pacquins at any drug, department, or ten-cent store.

**PACQUINS Hand Cream**  
ORIGINALLY FORMULATED FOR  
**DOCTORS and NURSES**

sort. This is but one of the many reasons which have been repeatedly adduced for organizing and coordinating the work of the registries on a national basis.

Thirdly, the charge that the program is "socialistic" is completely without foundation. The new project is one that was suggested and organized and will be conducted solely by the nursing profession itself, working through its national, state and local groups. There will be no government interference in its program (apart from the purely temporary program of the veterans' counseling), and the program will in nowise change the relationship between the nurse and her employer, whether hospital, physician or patient. On the contrary, it will provide skilled professional service which will enable employers in areas of nurse shortage to get in contact with nurses in other

areas and which will enable nurses in areas of oversupply (which may once more appear now that the war is over) to learn of employment opportunities in other areas. The function of the new organization will, however, be solely and entirely to give information. In many instances the program will strengthen already existing services, such as nurses' professional registries. No employer will be required to employ any nurse against his will, nor will any nurse be required to accept any situation which she does not desire to take. Both employers and employees will be free to ignore the Service entirely or to use it in conjunction with any other employment facilities which may be available.

In the fourth place, State and local programs will be administered by the respective State and District Nurses' Associations. The national organization

# Pruritic Torment is Often Worse Than Pain

**MINUTES** seem like hours to the ill or convalescent patient, nerve-racked by fiery, pruritic conditions.

Relief is urgent, and many nurses find in Resinol Ointment a bland, quick-acting emollient that fills the need admirably and wins the patient's gratitude.

With its 50 year background of helpful service, Resinol can

be used with confidence, even on tender, irritated parts. Does not interfere with curative therapy employed at the same time.

Resinol Soap is also a favorite in the sick room, because it is so mild, so agreeable and so distinctively refreshing.

To acquaint you with Resinol Ointment and Soap, a professional sample of both will be gladly sent on request. Write R. N. 40, Resinol Chemical Co., Baltimore, 1, Md.

1 1/4 oz. and  
3 1/2 oz. jars

## RESINOL

At all  
druggists

# How irritation varies from *different* cigarettes

*Tests\* made on rabbits' eyes reveal the influence of hygroscopic agents*

**1** Edema 0.8

TYPE OF CIGARETTE

Cigarettes made by the  
PHILIP MORRIS method

**2** Edema 2.1

Cigarettes made with  
no hygroscopic agent

**3** Edema 2.7

Popular cigarette #1  
(ordinary method)

**4** Edema 2.6

Popular cigarette #2  
(ordinary method)

**5** Edema 2.7

Popular cigarette #3  
(ordinary method)

**6** Edema 2.7

Popular cigarette #4  
(ordinary method)

**CONCLUSION:** \* Results show that regardless of blend of tobacco, flavoring materials, or method of manufacture, the irritation produced by all ordinary cigarettes is substantially the same, and measurably greater than that caused by PHILIP MORRIS.

**CLINICAL CONFIRMATION:** \*\* When *smokers* changed to PHILIP MORRIS, substantially every case of irritation of the nose and throat due to smoking cleared completely or definitely improved.

\*N. Y. State Journ. Med. 35 No. 11,590 \*\*Laryngoscope 1935, XLV, No. 2, 149-154

# NUMOTIZINE

MEDICATED EMPLASTRUM



## RESPIRATORY CONDITIONS

Continuous analgesic-decongestive action.  
Eight to ten hours per application. No  
heating required.

### INDICATIONS:

PNEUMONITIS	BRONCHITIS
TONSILLITIS	ARTHRITIC PAIN
BOILS	GLANDULAR SWELLINGS

4, 8, 15, 30 ounce jars

*Numotizine is ethically presented—  
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## NUMOTIZINE, Inc.

900 No. Franklin Street, Chicago, Ill.

### FORMULA:

Guaiacol ..... 2.60  
Beechwood Creosote 13.02  
Methyl Salicylate 2.60  
Sol. Formaldehyde 2.60  
C.P. Glycerine and Alu-  
minum Silicate q.s  
ad 1000 parts



will confine itself largely to the broader problems which require solution and to supplying standardized forms and technics to organizations which desire to use them. Those in charge of the national program will be only too glad to receive and consider suggestions from any source within the nursing profession, and the entire program will, of course, at all times be subject to the control of the House of Delegates and the Board of Directors of the American Nurses' Association.

We trust that the foregoing discussion will clarify for you the matters discussed in your magazine article, and we request that you take prompt steps to publish a suitable correction or explanation of the various misleading statements contained therein in accordance with the facts and circumstances above set forth. Needless to say, we would be very happy to discuss this matter or anything relating thereto with you at your convenience, or to assist you in preparing such explanatory material for publication.

MARGARET K. STACK, R.N., Sec.  
A.N.A. Professional Counseling &  
Placement Service, Inc.

## Efficiency Ratings

[Continued from page 37]

nurses' gradings to an equal plane with male officers, as they were also afforded other equal privileges.

"In the former method of grading, whereby the top rating was Excellent, it was presumed that when a nurse was put in that category, she was Excellent in every particular and could be situated any place, any time, and used in any assignment. In the adjusted scheme of rating, the former Excellent with the same interpretation is now Superior. The next rating which was Very Satisfactory is now comparable to Ex-



**GOOD NUTRITION**  
One of America's most  
pressing educational problems



## THE "HALF-THERE" LUNCH

**Survey of noon meals reveals that  
children need "full exposure" to  
importance of sound eating habits.**

Eating lunch on the fly . . . stuffing themselves on the wrong foods . . . skipping lunch entirely—careless eating habits such as these are what make the well-balanced lunch a comparative rarity among school children.

Of 4,165 lunches downed by high and grade school pupils in 9 typical communities, a startlingly high proportion were well below par nutritionally, according to a recent study.

Of the high school students' lunches,  
*82.8% ranged from poor to fair*  
*17.2% were considered adequate.*

Of the grade school pupils' lunches,  
*67.8% ranged from poor to fair*  
*32.2% were considered adequate.*

While the study was limited to a week-long test in a Midwest area, it is safe to assume that the situation has many a counterpart elsewhere.

General Mills is preparing helpful materials to aid in teaching the essentials of good nutrition. These materials, based on authoritative information and perfected with the help of a committee of educators, will soon be available.

A booklet, "Aids to a Health and Nutrition Program for School and Community," describes in detail the teaching tools General Mills is preparing. A copy will be sent free on request.

## General Mills, Inc.

Minneapolis, Minnesota

Enriched Flours • Restored Cereals • Vitamin Products

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### EVERY DAY'S DIET SHOULD INCLUDE THESE FOODS



**GREEN AND YELLOW  
VEGETABLES** . . . some  
raw, some cooked, frozen  
or canned. At least one  
serving a day.



**ORANGES, TOMATOES,  
GRAPEFRUIT** or raw  
cabbage or salad greens.  
At least one serving a day.



**POTATOES AND OTHER  
VEGETABLE AND FRUITS**  
... raw, dried, cooked,  
frozen or canned. Two or  
more servings a day



**MILK AND MILK PRO-  
DUCTS**... fluid, evaporated  
or dried milk. One quart  
(or its equivalent) a day for  
children and expectant or  
nursing mothers; one pint  
a day for all others.



**MEAT, POULTRY, FISH  
OR EGGS**... or dried beans,  
peas, nuts or peanut but-  
ter. One serving of meat,  
poultry or fish a day, oc-  
casionally peas or beans  
instead. Three or four eggs  
each week.



**BREAD, FLOUR, CEREALS**  
... natural whole-grain or  
enriched or restored. Three  
or more servings a day



**BUTTER AND FORTIFIED  
MARGARINE** . . . use for  
spreads and for seasoning  
as you like and as supplies  
permit.

In addition, all growing children and all expectant or nursing mothers should be provided with 400 units a day of Vitamin D in the form of Vitamin D milk (fresh or evaporated), fish liver oil or Vitamin D concentrate



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**Fitted**

BEAVER  
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EXTRA WARM  
Sizes 8 to 20

Formally sold for \$45.  
\$65.00

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SUITS

OD Tropical Worsted, 100%  
all wool, full lined. Sizes  
10 to 20.....\$24.95

OD Elastique, full lined.  
Sizes 8 to 20.....\$29.50

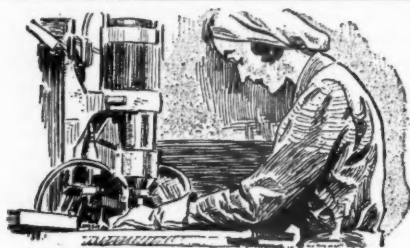
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"Serving America's Nurses"

**BENCONC UNIFORMS, Inc.**

"They Wear Well"

222 W. 34th St., New York 1, N. Y.



### All Day! Every Day! Day after Day! AT THE MACHINE

The periodicity of woman's life may interfere with her capacity to maintain constant physical effort. Her organic structure is more delicately adjusted than the machine which she operates, and needs attention at the first deviation from normal.

HAYDEN'S  
VIBURNUM COMPOUND

tends to relieve those symptoms which interfere with her comfort, Antispasmodic and sedative in action.

HVC has been keeping women fit for more than seventy-five years.

Literature **HVC** on Request

**NEW YORK PHARMACEUTICAL COMPANY**  
Bedford Springs                      Bedford, Mass.

cellent and a nurse thus rated goes about her duties in a professional manner, is a good all-around nurse, but may not be able to make adjustments quickly or perhaps does not get along as well with her co-workers as does the nurse rated one grade higher. The Satisfactory nurse has now become Very Satisfactory with much room for improvement. The nurses who are placed in the lower classification of Satisfactory, now Unsatisfactory, are notified by their chief nurse and are given an opportunity to correct their shortcomings. If a nurse appears three times in this category (and still fails to measure up to Army standards) she is eliminated from the Corps.

"In the overall rating of a unit, according to the law of averages, there would be approximately 20 per cent of a unit qualified for top ratings and, the present time, every case which was marked Excellent in the past is now considered Superior. About 60 per cent would constitute a group of thoroughly capable nurses and the remaining 20 per cent would be in the two lower classifications. Officers are rated with these five possible classifications on the basis of their physical activity and endurance; stability under pressure; attention to duty; cooperation, initiative, intelligence, force, judgment and common sense, leadership, and ability to obtain results.

"Herein lies the crux of the misunderstanding in gradings which has so unhappily affected nurses. Even though the present adjustments of ratings are such that nurses are graded parallel to that of other Army officers, no provisions were ever made for retroactive adjustments of the nurse's past ratings. Therefore, even Army nurses with long years of service behind them and with efficiency reports recorded in the highest brackets are receiving scores far

# Army and Navy doctors use simple petrolatum in burn therapy

War-burns have given rise to a new rationale of burn therapy. Now doctors in the Army and Navy recognize the necessity for both general and local treatment of burns.(1)

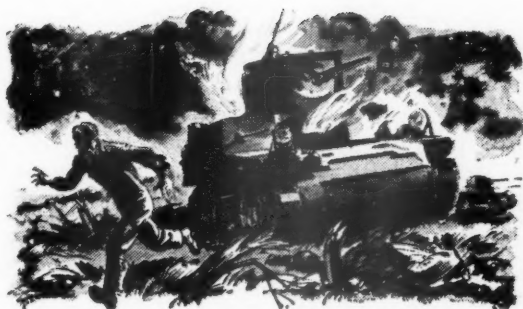
**'VASELINE' PETROLEUM JELLY**  
is the world's leading brand of  
**PETROLATUM U.S.P.**

Keeping down incidence of burn-surface infection is of prime importance in local therapy. This means promptly covering the burned surfaces, under sterile conditions, with a simple, aseptic dressing of petrolatum. Debride-

ment is frequently omitted, the procedure being simple application of petrolatum pressure dressings, left undisturbed for a minimum of two weeks unless complications develop.(1)

In civilian practice, too, physicians are using burn dressings made with 'Vaseline' Petroleum Jelly, the world's leading brand of petrolatum. Non-injurious, non-adherent, this simple application provides the doctor with a convenient, effective covering-treatment of established merit.

'Vaseline' Petroleum Jelly is sold in tubes and jars. 'Vaseline' Borated Petroleum Jelly in tubes only. At drugstores everywhere.



1. Am. J. Surg. LXVII:1: 1-2 1945

**Vaseline**  
REG. U.S. PAT. OFF.  
**PETROLEUM JELLY**

MADE ONLY BY CHESEBROUGH  
MFG. COMPANY, CONS'D,  
NEW YORK, N. Y.

**NURSECRAFT  
UNIFORMS**  
*Styled to  
Professional  
Taste*

- ★ QUALITY FABRICS
- ★ QUALITY TAILORING DETAILS
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USE **THUM** TO DISCOURAGE  
**thumb sucking**  
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for Advertising  
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Easy to use. Apply  
like nail polish.  
At all good  
drug stores!  
Two sizes  
**50¢ and \$1.00**

below the rating actually intended.

"Another reason for the low gradings of nurses can be directly charged to the lack of training chief nurses. Because of the speed in which nurses have been recruited and sent overseas, many nurses in administrative positions have not had full knowledge of the significance of these reports. Also, confusion prevailed with the constant changing which these records underwent, especially when the authority of handling these reports was transferred from the chief nurse to the personnel division of the hospital units. It was not until the present Form 67, dated September 1944, was adopted, that many discrepancies in gradings were clarified and chief nurses were correctly instructed as how to properly evaluate the nurse's service.

"By this time, much of the damage had been done and nurses who returned to the States were amazed to find the existing situation. After reading this article, I sincerely hope that nurses may have some solace in the knowledge that the situation is not irreparable and steps are being taken to correct it. Reparations will be made when warranted and individuals concerned will receive notifications from this office as to any changes made."

### **Fly Again?**

[Continued from page 42]

"When a young woman comes in to see me and shows me her nursing registration card, I know she has a service attitude. A service attitude is all important in commercial aviation. I know that a nurse knows how to make people comfortable. She can think on her own two feet and she has tons of poise because she has been trained that way."

The airlines, however, go beyond the nurse's training and offer flight train-

*The hay fever season is over-but*

# Head Colds-Sinusitis Asthma (allergy) **RELIEF** begins in 10 minutes-too

**F**OUR TABLETS of Nakamo Bell, each tablet containing 1/24 gr. ephedrine hydrochloride, NaCl, NH<sub>4</sub>Cl, KCl, will provide relief usually beginning within ten minutes.

So many doctors are now prescribing and dispensing Nakamo Bell and such favorable reports are being obtained—that we want you to try it.

Check this tablet for yourself, and let results convince you.

WANTED—Tablet Salesmen to Doctors. Gentlemen over 50 wishing to add to income. Drug experience not necessary. Exclusive territory near home. Commissions paid weekly. Line of 20 preparations known to many doctors. Write Hollings-Smith Co., Orangeburg, N.Y.

**SEND FOR SAMPLE**

HOLLINGS-SMITH CO.  
Orangeburg, N. Y.

RN-12-45

Sample Nakamo Bell, please.

Name ..... R.N.

Address .....

ing which lasts anywhere from three to six weeks. During the school period the "student" is paid and housed. Eastern Air Lines puts so much emphasis on poise and grooming that they offer in addition to flight training a "school of charm" course under the auspices of the Dorothy Gray cosmetic house.

At the end of her training, the newly winged nurse-stewardess may be assigned on long transcontinental routes, on the shorter city-to-city hops, or to transoceanic service on newly inaugurated world pathways which will connect every major port in the U.S. with every major city in Europe, Asia, Africa, and South America. Already giant transports are running on regular schedules to England, France, and Ireland, and before long will be flying to Russia, Holland, Germany, Italy, Poland, and almost any spot on the globe. For these international flights, previous

travel is an asset; previous flight experience is an essential, and knowledge of languages is considered desirable. The flights are long and wearing, lasting from sixteen to twenty-five hours. Most girls lose as much as five pounds in a crossing, but quickly gain it back at the end of the trip.

On domestic service, the assignment is a little easier, but is by no means a sinecure. Hours are irregular and often long, though ample time is given for rest between flights. A stewardess spends hours on her feet, catches sleep at odd times, eats irregularly. She serves meals while the plane is in flight, sees that the plane is kept in order while on trips, answers the thousand and one questions of the average traveler, and tends to the physical comforts of the passengers while in transit.

During the war a large number of nurse-stewardesses joined the Army or

**AT HOME OR AWAY**

**SPOT  
TESTS**

**SIMPLIFY URINALYSIS**

**No Test Tubes • No Measuring • No Boiling**

Diabetics welcome "Spot Tests", (ready to use dry reagents), because of the ease and simplicity in using. No test tubes, no boiling, no measuring; just a little powder, a little urine—color reaction occurs at once if sugar or acetone is present.

**Galatest... Acetone Test (DENCO)**

FOR DETECTION OF  
SUGAR IN THE URINE

FOR DETECTION OF  
ACETONE IN THE URINE

**SAME SIMPLE TECHNIQUE FOR BOTH**

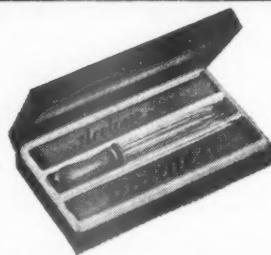
**I. A LITTLE POWDER**



**2. A LITTLE URINE**

**COLOR REACTION IMMEDIATELY**

*Accepted for advertising in the Journal of the A.M.A.*  
**WRITE FOR DESCRIPTIVE LITERATURE**



A carrying case containing one vial of Acetone Test (Denco), one vial of Galatest, medicine dropper and Galatest color chart is now available at all prescription pharmacies and surgical supply houses. This is very convenient for the medical bag or for the diabetic patient.

*Acetone Test (DENCO)... Galatest*

**THE DENVER CHEMICAL  
MANUFACTURING COMPANY, INC.**  
163 Varick St., New York 13, N. Y.



# Whenever mild laxation is needed...

Phillips' Milk of Magnesia is generally accepted by the medical profession as a standard therapeutic agent, being so recognized for more than 60 years.



*Dosage...* (laxative)—2 to 4  
tablespoonfuls

(antacid)—1 to 4  
teaspoonfuls or 1  
to 4 tablets

## AS A LAXATIVE

— it is gentle, smooth-acting  
without embarrassing urgency.

## AS AN ANTACID

— Prompt effective relief,  
it contains no carbonates,  
hence no discomforting  
bloating.



# PHILLIPS' Milk of Magnesia

Prepared only by THE CHAS. H. PHILLIPS CO. DIVISION, 170 VARICK STREET, NEW YORK 13, N. Y.  
OF STERLING DRUG INC.

# Hair Care of the BEDRIDDEN

When patients are required to remain in bed for a considerable period of time and are unable to undergo their regular shampoo, the hair often becomes sticky and heavy—exuding a sour, unpleasant odor. This is particularly true in cases involving temperature or profuse perspiration. It is also applicable to persons with ear conditions, colds, etc., who are temporarily unable to have shampoos.

For such, a "dry" treatment—easily and quickly accomplished with the patient remaining in bed—is recommended. Not only does this treatment freshen and tone the scalp, but it will also be found most relaxing by the patient.

HERBEX NO. 1 (for dark hair) or HERBEX NO. 2 (for light, white or gray hair) have been found effective for these patients. Both of these preparations have a fresh, pleasant smell—not a heavy perfume.

**FREE!** Available on request. Large sample bottle and informative booklet for the care of the hair. Write to-day!



RN-12  
Parker Herbex Corp.  
29-50 Northern Boulevard  
Long Island City 1, N.Y.  
Please send me FREE sample bottle and booklet  
"HAIR HYGIENE."

Name.....  
Address.....  
Registration.....  
Zone..... State.....

Navy nurse corps, where they gave distinguished service—usually in air evacuation squadrons. Now many of these young women are returning to their old posts. In most of the airline offices, veteran nurses have preference over other stewardess candidates. But the significant fact is that they want to return. Apparently commercial aviation has something worthwhile to offer as a career for nurses!

[R.N. will send a list of airlines employing nurses to all readers who request it—THE EDITORS.]

## Insured by Uncle Sam

[Continued from page 50]

report of physical examination. Free physical examination may be obtained from physicians at any Veterans' Administration facility.

*Do the same reinstatement provisions apply to insurance converted into permanent forms?*

Converted policies require satisfactory proof of insurability (if permitted to lapse) and the payment of all premiums in arrears at 5 per cent interest. These policies, remember, have cash and paid-up insurance values not provided by term insurance.

*Do I have to retain the whole amount of my insurance?*

No. If premium payments are too burdensome, you can reduce the whole amount of your insurance to any under \$10,000 in any multiple of \$500, but not less than \$1,000.

*Should I convert my service policy to permanent form immediately upon discharge?*

Consider your circumstances, needs of beneficiaries, and your personal and financial readjustment to civilian life.



## *In the Discomfort of* **COLDS AND INFLUENZA**

As distressing as the local symptoms are the muscle and joint pains of acute respiratory infections and influenza. For these patients, Baume Bengue is especially beneficial. Its contained menthol and methyl salicylate produce a warming local hyperemia which relaxes spastic muscles and loosens stiffened, painful joints. Percutaneously absorbed methyl salicylate affords a well-defined analgesic influence which further allays the generalized discomfort and malaise. Patients demand local therapy for local discomfort; Baume Bengue is a scientific and effective preparation to satisfy this demand.

*Baume Bengue'*  
**ANALGÉSIQUE**

THOS. LEEMING & CO., INC., 155 EAST 44TH STREET, NEW YORK 17, N. Y.

## Winter:

This winter you have in your reach an opportunity to help build the good new future for which we have all fought valiantly.

The Southland or the Pacific Northwest offers you superior opportunity toward building that new future.

Your preference as to location and professional interests combined with intelligent evaluation of your background guides us in securing the position you desire. Write for details.

**DIRECTOR OF NURSES:** Registered Nurse; Bachelor degree; experience as either director or assistant director of nurses. Salary \$350.00.

**ANESTHESIA:** Several openings good hospitals in Washington and Oregon. Experienced in O.B. \$250.00.

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**LABORATORY TECHNICIANS:** San Diego, Los Angeles, must be registered. \$200.00-\$250.00.

## DUNNE & DUNNE AGENCY

724 SOUTH SPRING ST.  
LOS ANGELES 14, CALIF.

Some nurses will return immediately to professional work with assured income; others may not. It may be best for you to keep your term insurance in force until you have done some settling down, and can judge which of the three permanent types of Government policy will best suit your needs. Privilege of conversion endures for the full eight years from the original date of issuance. Premium payments on permanent insurance are, of course, higher with each added year of age, and are higher than the original term policy.

*Under what conditions of disability will the Government pay my policy premiums?*

Total disability is "any impairment of mind or body which continuously renders it impossible for the insured to follow any substantially gainful occupation." This obviously covers any impairment which makes it impossible for you to follow a regular nursing schedule. Interpretations incline to be liberal; individual circumstances, of course, are greatly varied. The continuous total disability must be of at least six consecutive months, have commenced after the date of insurance application, while the insurance was in force under premium-paying conditions, and prior to your sixtieth birthday. Waiver of premiums is *not automatic*. You must personally apply for

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## Denture Adventures

by Harry Johnson



*"Lessee now—hammer, chisel, scraper, brush, scouring powder  
—guess I'm ready to start, darn it!"*

Hold it nurse! You don't need all that equipment to clean dentures! *Polident* will *soak* them *clean* . . . it literally *dissolves* film and discoloration . . . *soaks* away odors . . . *cleans* every crevice quickly and safely—without abrasion, and with less danger of breakage through dropping. More dentists recommend *Polident* than any other denture cleaner. Try this *pleasant* way of cleaning patients' dentures.

HUDSON PRODUCTS, INC.  
190 Baldwin Ave., Jersey City 6, N. J.

# POLIDENT

THE SAFE MODERN WAY TO CLEAN DENTAL PLATES AND BRIDGES



Just soak  
10-15 minutes  
or overnight  
—rinse—  
That's all!

## WHAT BETTER EVIDENCE—



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# QUINTUPLETS

always rely on  
this great rub for

# CHEST COLDS

## To Promptly Relieve Coughs and Tight Muscular Soreness

All thru the years—the Dionne Quintuplets always rely on Musterole whenever they catch cold. What more convincing evidence could you desire of its merit!

Nurses are quick to recognize the fine time-saving qualities of Musterole, too. It offers all the advantages of a warming, stimulating mustard plaster. Yet it's so much easier to apply. Musterole comes ready for *instant use*. Just rub it on! There's no fuss—no muss.

A *modern* counter-irritant—analgesic and decongestive—Musterole not only promptly relieves—it actually helps break up the painful local congestion.

In 3 strengths: Children's Mild Musterole, Regular and Extra-Strong.

# MUSTEROLE

it to the Veterans' Administration and it is to your best interests to do so immediately following six months of continuous total disability.

*Can payments of insurance to a beneficiary be attached by my creditors, or his or hers?*

No. They may not be attached by any process of law and are exempt from taxation. The only exception is the United States Government, which may attach payments to cover claims for such things as unpaid income taxes.

*How much more expensive are the permanent forms of insurance?*

Your age determines the premium payment. Premiums paid on other than a monthly basis effect some slight savings, up to 3 per cent. Comparisons of different Government policies at a single age level will show relative differences in cost. Suppose we choose age twenty-six (when some women cease to have public birthdays) and use the figures for monthly payments per thousand dollars' worth of insurance. Your Eight Year Term costs 68 cents; Ordinary Life costs \$1.41; Thirty-Payment Life, \$1.70; and Twenty-Payment Life, \$2.15. The same figures for age forty would be: Eight Year Term, 85 cents; Ordinary Life, \$2.12; Thirty-Payment Life, \$2.30; and Twenty-Payment Life, \$2.82.

*How great are the cash values?*

These, too, depend upon age levels. Suppose you convert your Eight Year Term into Ordinary Life at twenty-five. At the end of the first policy year, the cash value per thousand dollars of insurance is \$8.60; after five years, \$45.76—at which time you also have insurance coverage for almost another six years if you never pay a further premium. Twenty-Payment Life builds up cash values fastest of all—converted



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*Petrolatum*, for surface protection—  
*Oleostearine*, for intensified action.

### PLUS

*Parahydrecin*\*, an active antiseptic and  
germicide.

### PLUS

A marked analgesic, decongestant effect.

### PLUS

A proven non-toxic, non-irritant character  
favoring cell proliferation and tissue repair.

*Trial Package Free to Nurses*

THE NORWICH PHARMACAL COMPANY, NORWICH, N. Y.

A  **PRODUCT**

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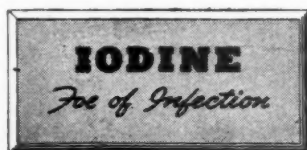
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Reliance which the Profession has placed on Iodine for so many years is a tribute to its efficiency.

In preoperative skin disinfection, as an antiseptic for use in the office and on calls, Iodine provides quick bactericidal efficiency and lasting effectiveness.



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at age twenty-five, after five years, the cash value per thousand is \$95.49 and you have more than thirteen years of paid-up insurance. Intermediate is Thirty-Payment Life—after five years, \$65.73 per thousand and nearly nine years of paid-up insurance.

*Where do I obtain forms, help, and general information on my Government insurance problems?*

Application forms and additional information can be obtained on request at the Veterans' Administration, Washington 25, D.C., or at any of its field stations, or at the nearest Veterans' Service and Information Center.

It may take a month or more to get an answer from veterans' offices. Give full information in your first letter, make premium payments regularly to avoid lapse—and if you have to, reduce the amount of insurance rather than let it drop!

### **Uterine Cancer**

*[Continued from page 39]*

instead of being taken from the vagina, is obtained directly from the external os of the cervix. Here, Ayres points out, the concentration of cancer cells is greater, and less diluted by normal secretions.

A modification of the vaginal smear technique makes it applicable to recognition of cancer of the urinary tract, according to a report by Papanicolau and Marshall in *Science*. Diagnosis is made from a stained smear of urinary sediment. Approximately 40 cc. of urine is mixed with 10 to 20 cc. of 95 per cent alcohol, centrifuged, and the sediment transferred with a wire loop to an albumin-coated glass slide. Fixing and staining procedures are similar to those for vaginal smears. Studies of the cytology of the sediment cells may fa-



Prayers are ever with those, wherever they may  
be in the service of our Country. May they safely re-  
turn and again share with friends and kin the happiness of

## Christmas in Peace GREETINGS

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cilitate localization of the neoplasm as well as its diagnosis.

Vaginal smear and biopsy are regarded by most workers as complementary techniques greatly enhancing the effectiveness of the diagnostic clinic. It is concluded that the vaginal smear technique in trained hands is an accurate method of diagnosis of cancer of the uterus. Its greatest value may eventually be in the early discovery of unsuspected cancer in mass screening procedures in which the technique is applied routinely to large number of women, those with positive smears being studied further by biopsy.

### **Britain's Crisis**

[Continued from page 67]

health, psychiatry, X-ray, and administration.

Since the public health officer did not mention what specifically was to be done to "make nurses' training attractive," and since this is a long course with intensive service in many specialties, local nurses only conclude that this city at least was attempting to solve its shortage by wider use of student labor.

Contrary to this stand, the House of Commons asked the Minister of Health if he had considered plans to reduce

the period of training for State-registered nurses. To which the Minister replied, "This is a matter primarily for the General Nursing Council, which is the statutory body responsible for framing rules relating to training for State registration. I understand that the council are considering the possibility of revising the basic training rules."

The Minister was also asked if, in view of the shortage of tuberculosis nurses, he would negotiate with the council to secure recognition of a tuberculosis certificate in lieu of full training. His reply was, "The General Nursing Council have already been approached . . . and are not prepared to admit persons possessing the T.A. certificate to a supplementary part of the register unless they are also general State-registered nurses. I do not feel able to adopt the suggestion, since I am advised that it would at present hinder rather than help recruitment for tuberculosis nursing."

So far, no word comes of any definite recruitment plans. Britain's problem seems to be rather a question of providing more attractive opportunities for its present graduate nurse strength, and of providing machinery for better utilization of the partly trained young men and women who want to go ahead in professional nursing.

### ***It is up to the Nurse . . .***

when administering oxygen by tent, to make sure the canopy is well tucked in. This will cut down oxygen waste and help maintain adequate oxygen concentration.

Send for the Linde Oxygen Therapy Handbook. There is no charge.

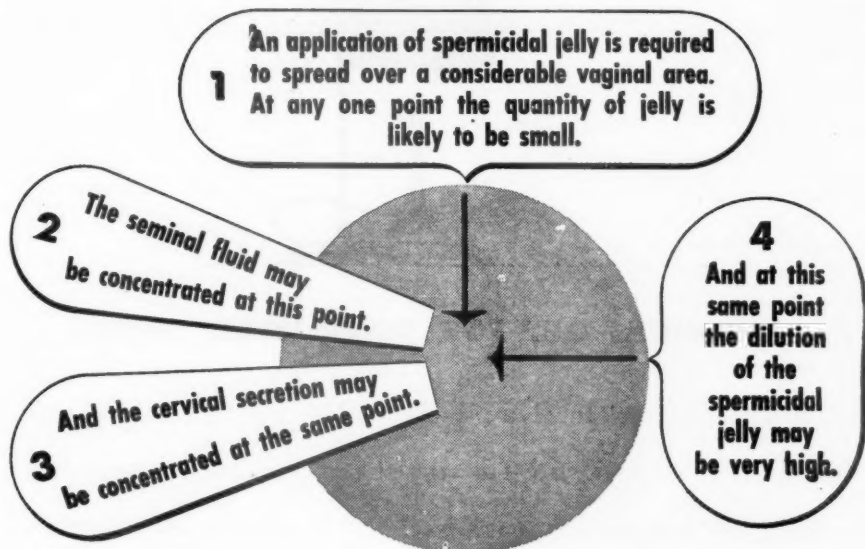


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**Lorophyn Jelly kills human sperm within less than one minute after contact even at dilutions as high as 1:20**

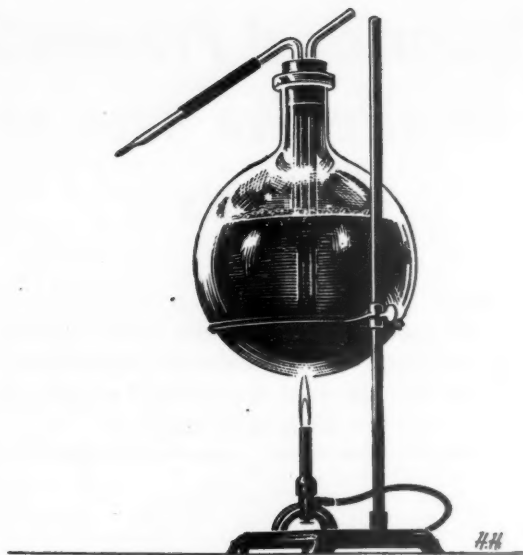
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**\*ANESTHETIST:** Northern California. 8-bed rural hospital among pines and firs; full maintenance, if desired; salary open. Apply: Mrs. Kenneth F. Green, 258 Penn St., Pasadena 6, California.

**\*ANESTHETIST:** Wisconsin. 140-bed hospital; \$200, full maintenance; further particulars on application. Apply: Evangelical Deaconess Hospital, Milwaukee 3, Wis.

**\*ASSISTANT SURGERY NURSE AND NIGHT SUPERVISOR:** Near Cleveland. New 50-bed hospital; good salary; maintenance. Apply: Supt., Medina Community Hospital, Medina, Ohio.

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**\*DIRECTOR:** Indiana. Charge of staff; generalized health program; bedside care; P.H.N. certificate; degree; affiliation with local hospital; \$225, depending on experience and qualifications. Apply: Mrs. H. M. Chaddock, Visiting Nurse Ass'n., 1128 South Mulberry St., Muncie, Indiana.

**\*DIRECTOR:** Michigan. Visiting Nurse Ass'n; organized 1929; bedside nursing; industrial nursing; Mothercraft classes; child health service; \$233. Apply: V.N.A., 522 Cass St., Saginaw, Mich.

**DIRECTOR OF NURSES:** Pacific Coast. 200-bed hospital to be replaced with new 7-story structure which will increase capacity to 300; present enrollment 150; \$300, including private suite. (Placement bureau charges \$2 registration fee.) Box MB12-5.

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**\*GENERAL DUTY NURSES:** New Jersey. Tuberculosis Sanatorium; one hour from New York City; good living conditions; vacation; sick time allowed; \$100 plus \$20 bonus; full maintenance; salary increases to \$130. Apply: Supt. of Nurses, Essex County Sanatorium, Verona, N.J.

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Address.....

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if surgery nurse or anesthetist, \$145, full maintenance. Apply: Lincoln County Miners Hospital, Kemmerer, Wyoming.

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\*GENERAL DUTY NURSES: Arizona. 140-bed hospital; 8-hour day; 6-day week; \$135, full maintenance; \$155, live out. Apply: Pima County Hospital, Tucson, Ariz.

\*GENERAL DUTY NURSES: West. 8-hour day, straight shift; 6-day week; good living conditions; full maintenance; salary open. Apply: Olga L. Rupe, R.N., Supt. Converse County Memorial Hospital, Douglas, Wyo.

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GENERAL DUTY NURSE: Southwest. 160-bed hospital in resort city noted for healthful climate; \$140, full maintenance. (Placement bureau charges \$2 registration.) Box C-197.

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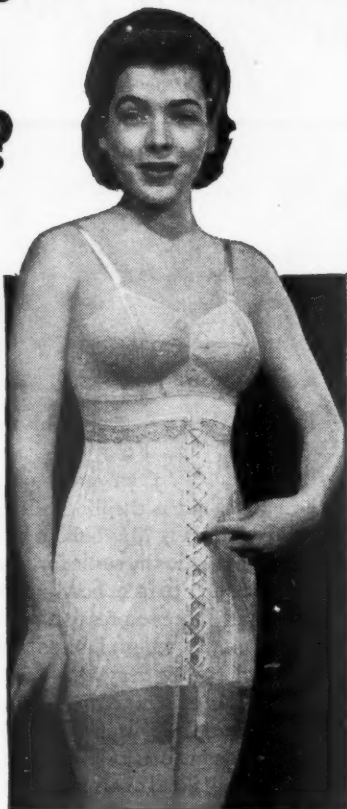
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*At left: Woman in ordinary support that encourages sagging abdominal muscles.*



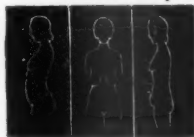
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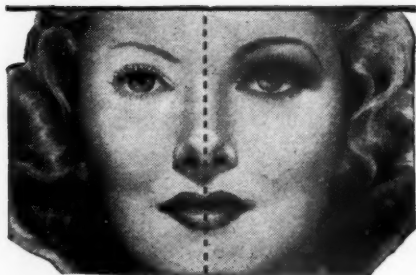
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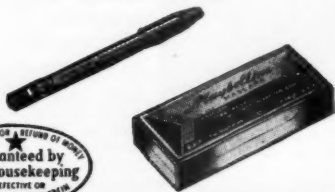
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To keep armpits free of perspiration odor, many nurses use MUM. Developed

after years of scientific research and experiment, MUM effectively neutralizes perspiration odor—*without interfering with normal sweat-gland activity*. Try a jar today.

\*Figures indicate average mg. of water discharged per 20 square cm. of the skin per five minutes.

**PATIENTS WILL APPRECIATE YOUR  
SUGGESTION OF MUM - CONDITIONING**

A Product of BRISTOL-MYERS COMPANY, 19D West 50th St., N.Y. 20, N.Y.

**M U M**

**TAKES THE ODOR OUT OF STALE PERSPIRATION**

- *Quick*...MUM TAKES JUST 30 SECONDS TO APPLY
- *Safe*...MUM IS HARMLESS TO SKIN AND CLOTHING
- *Scientific*...DOES NOT INTERFERE WITH NORMAL SWEAT-GLAND ACTIVITY





## VAGINITIS, PROCTITIS

**G**ENITAL and anal itching is a not uncommon complaint of young girls. This symptom, at times severe and annoying, usually results from nonspecific vaginitis or proctitis. Scratching is the inevitable sequel, resulting in traumatic lesions which aggravate and prolong the original condition. A dependable means of preventing scratching is available in Calmitol. This specific antipruritic affords positive and prolonged relief, completely controls the itching, and obviates the need for scratching. The physical rest thus afforded the local tissues, together with the protective action of the ointment base, usually results in prompt resolution without the need for other medication.

The active ingredients of Calmitol are camphorated chloral, menthol and hyoscyamine oleate in an alcohol-chloroform-ether vehicle. Calmitol Ointment contains 10 per cent Calmitol in a lanolin-petrolatum base. Calmitol stops itching by direct action upon cutaneous receptor organs and nerve endings, preventing the further transmission of offending impulses. The ointment is bland and nonirritating, hence can be used on any skin or mucous membrane surface. The liquid should be applied only to unbroken skin areas.

*Theo. Leeming & Co. Inc.*

155 East 44th Street, New York 17, N. Y.



Commonest pediatric problem:

"My child  
won't eat"



Even though a child may be

undernourished, his appetite often fails.

To combat anorexia caused by a lack of important

B vitamins, pediatricians increasingly

prescribe 'Ryzamin-B' No. 2. Containing the natural B

complex as a concentrate of oryza sativa (American rice)

polishings, 'Ryzamin-B' No. 2 also supplies potent

synthetic B factors. Children enjoy this rich, honey-like,

tasty B complex preparation taken directly from the special

measuring spoon, as a delicious spread when mixed

with jam or peanut butter, or dissolved in milk, fruit juices,

favorite beverages. The doctor often solves

his commonest pediatric problem with 'Ryzamin-B' No. 2.

## 'RYZAMIN-B' BRAND RICE POLISHINGS CONCENTRATE No. 2

WITH ADDED THIAMINE HYDROCHLORIDE, RIBOFLAVIN, NICOTINAMIDE

'Ryzamin-B' reg. trademark

Tubes of 2 oz. and bottles of 8 oz. . . . Each gram contains: Vitamin B<sub>1</sub> (Thiamine Hydrochloride) 1 mgm. (333 U.S.P. Units); Vitamin B<sub>2</sub> (Riboflavin) 0.67 mgm.; Nicotinamide 6.7 mgm. and other factors of the B complex. Gram measuring spoon with each packing.



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